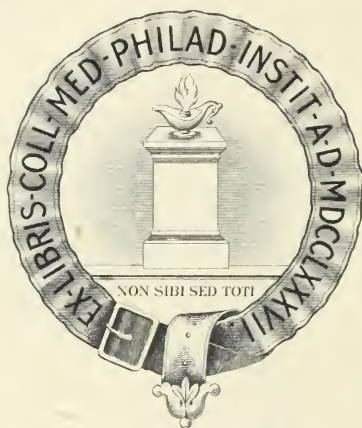




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INDEX.

- Abortions, management of.—30.
 Accidental ante-partum hæmorrhage,—E. L. PARTRIDGE, 54.
 A clinical case,—C. H. VIEKE, 205.
 A clinical case,—MEDICUS, 17.
 Aconite poisoning,—A summary of forty-one cases with an appendix of an analysis of fifty-three cases,—EDW. T. REICHERT, 108.
 A confused pain in the right testis and spermatic cord cured by digitalis, 282.
 Acute articular rheumatism, treatment of,—P. JOUSSET, 263.
 Acute intussusception,—N. SCHNEIDER, 150.
 Acute mortification of both feet; synchronous double amputation; recovery with permanent retention of arterial ligatures, 67.
 Acute rheumatism cured by fasting, 259.
 Advantages of homœopathy in the treatment of the insane,—SELDON H. TALLCOTT, 217.
 A fearful fall,—USSHER, 215.
 Albuminuria and eclampsia, during pregnancy, 307.
 American homœopathic pharmacopœia, 192.
 American Institute of Homœopathy, 163. 195
 American pædological Society, 224.
 Amputation of the arm and excision of the scapula,—J. H. THOMPSON, 194.
 Ante-natal hour glass contraction,—E. M. HALE, 285.
 Anthrax,—J. E. JONES, 61.
 A query.—W. P. ARMSTRONG, 229.
Asala Racemosa, 240.
 A remarkable case,—S. W. SELLEW, 288.
 Arnica, case of poisoning by,—T. HAHNEMANN HALE, 63.
 Arrested embryonic and foetal development resulting from mental shock,—MARY H. EVERETT, 145.
 Arsenic papers,—USSHER, 245.
 Arsenicum in the treatment of melancholia,—W. M. BUTLER, 89.
 Asthma, 79.
 Asthma.—KAFKA, 140.
 Asthma, treatment of by electricity, 19.
 Bacilli, to destroy, 283.
 Belladonna poisoning, case of, 170.
Bella, for rhus tox. poisoning, 290.
 Boldo, the physiological effects of, 249.
 Book reviews, 51, 107, 192, 255, 311, 334.
 Boracic acid, poisoning by, 114.
Cactus grandiflorus in heart disease,—E. B. SHULDHAM, 240.
Calotropis in rheumatic fever, 35.
 Cancer, medical treatment of,—C. RANSFORD, 74.
 Cancer of the breast, curability of, 188.
 Carbolic spray, the decline of the, 50.
 Cardiac murmur, on a rare case of,—A. MIDGLEY CASH, 126.
 Cases from practice.—G. N. BRIGHAM, 290.
Cereus bonplandii, 58.
 Chemical analysis of the urine, with illustrations, 107.
 Children, study of the diseases of,—WM. B. ATKINSON, 299, 326.
China in erysipelas, 248.
 Chloral hydrate in toothache, 31.
 Chloralum for disinfecting purposes, 87.
 Chloroform and ether poisoning, 16.
 Cholera infantum, causes of, 300.
 Chorea, 40.
 Chronic diarrhoea of twenty years standing cured by Jalap.—J. C. BURNETT, 293.
 Chronic pulmonary trouble complicated with ovaritis,—G. N. BRIGHAM, 148.
Citata virosa, a contribution to the pathogenesis of,—J. C. BURNETT, 66.
 Clinical case,—E. M. HALE, 62.
 Clinical cases,—E. B. KNIGHT, 292.
 Clinical cases,—T. B. SCHUMUCKER, 17.
 Clinical report from university of Michigan, 206.
 Clinical urology, 85.
 Club foot, the treatment of, with apparatus, 28.
Cocculus in dysmenorrhœa, 279.
Collinsonia cœadensis,—E. B. SHULDHAM, 291.
Collodion, treatment of sprains by, 113.
 Communicability of bovine tuberculosis to man.
 Complete disappearance of a large uterine myoma within six months after the removal of the uterine appendages, 59.
 Complete minor surgery, the practitioners vade mecum, including a treatise on venereal diseases, 255.
 Compressing the brachial artery, simple method of, 251.
 Condensed milk,—W. P. ARMSTRONG, 259.
 Correspondence, 27, 53, 80, 278.
 Cough, 298.
 Criminals, how far does the commission of crime give evidence of disease,—G. W. BOWEN, 257.
 Croup, 53.
 Cundurango, contribution to the pathogenesis of, 85.
 Cystic tumor of the spermatic cord, 300.

- Cyst of the broad ligament complicating labor, 310.
- Diarrhœa and ulcers of the tongue,—H. N. ROY, 297.
- Diarrhœa passing into cholera,—J. N. MOOKERJEE, 296.
- Differential diagnosis of typhoid fever and tubercular meningitis,—LAMBERT OTT, 270.
- Digestion, the effect of alcoholic drinks on, 339.
- Diphtheria,—S. B. TOMPKINS, 120.
- Diphtheria, new researches on, 197.
- Disinfectant, a simple, 60.
- Double ovarian tumor, 249.
- Dropsy, a complicated case with,—JOHN MOORE, 175.
- Drug Action,—F. F. CASSEDAY, 230.
- Drug proving, 332.
- Dyphtheric albuminaria, 30.
- Dysmenorrhœa cured by *cocculus*, 279.
- Dyspepsia, a simple method of treating, 272.
- Dystocia, 246.
- Earache cured by inflation of the middle ear, 234.
- Electricity in cases of muscular paralysis, the diagnostic value of,—H. ENGEL, 265.
- Electrolysis, the case of stricture cured by,—JOHN BUTLER, 337.
- Embryology of the eye, 304.
- Enony mus atropurpureus, 23.
- Epilpsy, ligature of the vertebral arteries for the cure of, 170.
- Epispadias in the female, a case of, 223.
- Exophthalmic goitre, pathogenomic sign of, 102.
- Extirpation of uterine fibroids, 300.
- Extra uterine foetation,—WM. GOODELL, 142.
- Fœtus dead at the fifth month, a case where it was retained in the uterus ten months, 114.
- Fomentations, ready method of preparing, 23.
- Foreign bodies in the eye, 297.
- Fumigation of tincture of iodine, the case of, 58.
- Gelsemium sempervirens*, therapeutics of,—GEO. W. WINTERBURN, 14.
- Genital irritation, 331.
- Gout, treatment of,—P. JOUSSET, 232.
- Gray,—DR. JOHN FRANKLIN, 189.
- Gunshot wounds,—H. N. DEARBORN, and J. W. DOWLING, 118.
- Gynæcology, the surgical aspects of, 141.
- Hæmaturia,—T. E. DOUGHTY, 193.
- Hæmorrhage due to quinine, 225.
- Hæmorrhoidal diseases, treatment of,—P. JOUSSET, 293.
- Hæmoptysis, its indications of tubercle together with the indications of leading remedies for its arrest,—G. N. BRIGHAM, 20.
- Hamamelis vir.*—139.
- Headaches in children, 338.
- Heart, clinical lectures on diseases of the,—J. H. CLARKE, 120.
- Heart-failure, lecture on,—JOHN H. CLARKE, 236.
- Hepatic colic complicated with jaundice and ague, 235.
- Homœopathic medical society, N. Y. County, 10, 66, 94, 117, 146, 192, 337.
- Homœopathic physicians' visiting list and repertory, 26.
- Homœopathy versus allopathy in the Denver almshouse, 222.
- Hot water in the treatment of hæmorrhoids, 169.
- Hydatid pregnancy, two cases of, 246.
- Hydrocyanic acid*, cure by,—JOHN MOORE, 73.
- Hyperæmia of the nervous system,—THOS. WILDER, 118.
- Induction of premature labor for the cure of albuminuria, 283.
- Infantile syphilis,—W. H. JENNEY, 179.
- Intermittent fever, cases from my note book on,—M. E. DOUGLASS, 35.
- Iodoform in gynæcology, 185.
- Iodoform, masking the odor of, 63.
- Iodoform, two fatal cases of poisoning by 56.
- Ipecac* in asthma, 140.
- Kali bich*, chronic ulcer cured by,—REGINALD JONES, 212.
- Koch's discovery and its relations to homœopathic treatment, 190.
- Lateral curvature of the spine,—J. H. McCLELLAND, 130.
- Ligature of large venous trunks, 247.
- Locomotor ataxi, 46.
- Lumbar abscess,—T. L. DAVIS, 72.
- Lupus, the pathology of, 305.
- Malarious fever, jaundice and diarrhœa, 324.
- Management of the first stage of labor, 300.
- Management of the shoulders in labor,—JOHN MORRIS, 47.
- Manhood, a treatise on the decline of, 335.
- Materia medica, a text book of, 337.
- "Medicus," another reply to,—GEO. W. WINTERBURN, 63.
- Medical heresies historically considered, 27.
- Metorrhagia in ague, 280.
- Mesereum* in periostitis,—F. G. OEHME, 318.
- Micrococci in the blood of malignant measles; its presence, its importance in treatment,—JOHN M. KEATING, 242.
- Midwifery, practice of, 311.

- Midwifery, the science and art, of 26.
 Morphine poisoning,—A. G. ANTHONY, 93.
 Muscular action in the pathology of hip disease, 226.
 Nature's anæsthesia,—A. B. RICE, 91.
 Nervous diseases, 169.
 Nervous system, diseases of the, 300.
 Neuralgia cured by *mezereum*, 184.
 Neuralgia, some remedies in,—GEO. M. OCKFORD, 7.
 New code of medical ethics of the medical society of the State of New York, 106.
 New York homœopathic medical college commencement, 115.
 New York medical college and hospital for women commencement, 135.
 Normal human urine, some new components of, 251.
 Nosodes and high potencies, 112.
 Note book, cases from my,—M. E. DOUGLASS, 8.
 Notes and items, 60, 88, 116, 135, 144, 171, 198, 227, 256, 312-340.
 Notes by the way,—USSHER, 180, 297.
Nux vom. in delayed labor pains,—J. H. SMITH, 205.
 Obstetrics, homœopathic therapeutics as applied to, 27.
 On Prof. A. B. Palmer in the *North American Review*, 158, 342.
 On vaccination,—F. G. OEHME, 204.
 Ophthalmic megrim, Galeyowski on, 234
 Ophthalmic therapeutics, 52
 Ophthalmoscope; its theory and practical uses, 107.
 Ophthalmological and otological association, proceedings of, 196.
 Oyona, some recent ideas concerning,—J. MALCOLM LEAL, 10.
 Ovariectomy, case of, in which a high temperature was successfully controlled by cold water,—N. P. DANDRIDGE, 102.
 Pannus, 181.
 Pathology of epidemic cerebro-spinal meningitis, 183.
 Perineorrhaphy,—I. T. TALBOT, 132.
 Permanganate of potash in snake bites, 79.
 Phthisis pulmonalis, the pre-physical sign stage of, I. T. ESKRIDGE, 41.
Podophyllin, effect on an overdose of, 169.
 Polypus of the ear cured by medicine,—J. C. BURNETT, 239.
 Practical lessons in gynæcology, 311.
 Practice of medicine, a treatise on, 337.
 Pre-natal chaton,—JAS. L. TYSON, 268.
 Profound deafness of a child,—ROBT. T. COOPER, 134.
 Progressive medicine,—F. F. CASSEDAY, 201.
 Pseudo-apoplexy, 299.
 Psora, the theory of, and the modern dermatological school,—MARTINY, 127.
 Puerperal eclampsia, a case of,—A. B. RICE, 287.
 Pulmonary phthisis,—BEVERLY ROBINSON, 84.
 Pulmonary syphi's and pulmonary phthisis diagnosis and differential diagnosis, 300.
 Rationale of infant mortality,—B. F. UNDERWOOD, 313.
 Relaxed uvula, the,—F. B. SHULDHAM, 252.
 Resignation of Dr. Dowling, 158.
 Results of nerve stretching in various nerve disorder, 273.
 Retention of cup-pessary, 310.
 Rhagades, 180.
Rhododendron chrys, 216.
Rhododendron; on the physiological action and therapeutic uses of,—A. C. POPE, 207.
 Sarcoma of the dura mater, 189.
 Scarlatina, an epidemic of, 249.
 Sequelæ of circum-uterine inflammation salpingi is,—chronic dilatation of the fallopian tube, 198.
 Sewer gas, true remedy against, 300.
 Should Guiteau be held responsible for killing President Garfield, 25.
 Skin disease, cases of, treated in the London homœopathic hospital, 177.
 Skin diseases, treatment of,—P. JOUSSET, 318.
 Slight ailments, 300.
 Small pox in Turkey in the last century,—E. A. GATCHELL, 146.
 Solution of false membrane by papain, 88.
 Some clinical cases,—GEO. M. OCKFORD, 203.
 Some thoughts about sleep,—T. C. HUNTER, 174.
 Spasm of the bladder, case of persistently recurring, resulting in thickening of its walls, dilatation of the ureters, and hydronephrosis; death from uræmia, pathological specimens,—F. N. OTIS, 156.
 Spasmodic dysphagia from œsophagismus, with convulsions, 309.
 Special pathology and diagnostic with therapeutic hints, 51.
 Sphincter tertitus, or sphincter recti,—H. E. SPAULDING, 153.
Spigelia, 125.
 Sponge-grafting, 59.
 Sponge tents,—A. H. SMITH, 165.
 Static electricity as a galatagogue,—WM. R. D. BLACKWOOD 75.
 Sterility,—C. P. SEIP, 39.
 Stricture of the urethra, the case cured by electrolysis, 300.
 Surgical principles and minor surgery, 255.
 Tabetic ecchymoses, 57.
 Temperature, fooled by, 113.
 The faith cure,—J. H. SHERMAN, 149.

- The gun-shot treatment,—CHAS. H. BRACE, 147.
- The late Dr. Gray and the Doctors at St. Paul, 227.
- The physician as a sanitarian, 136.
- The position of homœopathy as a progressive system of medicine, 274.
- The single remedy, and the verification of drug proving,—H. von MUSITS, 94.
- Throat deafness, 298.
- Throat symptoms, a few verified,—C. P. HART, 173.
- Thymol solution for embalming, 171.
- Transfusion-into-transfusion, 49.
- Transplantation of bone, 29.
- Transplantation of the medula of bones, 87.
- Tobacco, its action and medical use,—F. F. CASSEDAY, 33.
- Toluol-diamine*, effects of, upon the animal body, 248.
- Tonsillitis,—C. RANSFORD, 214.
- To our readers, 300.
- To our readers and colleagues, 24.
- Torticollis, case of, cured by galvanization, 86.
- Trichinosis, symptoms of, 133.
- Tuberculosis of traumatic origin, 87.
- Tuberculosis pulmonum,—MÜLLER 46, 343.
- Typhoid fever, its causes and treatment,—WILLIS DANFORTH, 37.
- Ulcerating epithelioma over the left heel cured by *hydrastis*, 300.
- Uræmia in infants with contracted prepuces, 105.
- Urethrotome, an improved, 120.
- Urinary calculi in the female,—WM. GOODELL, 220.
- Use of ammonia in baking powder and its importance as a culinary agent, 222.
- Uterus, displacement of, 306.
- Uterus, subinvolution of, 8.
- Vaccination,—E. W. BERRIDGE, 65.
- Vaccination, the plague of, 85.
- Vaccination,—W. Y. COWL, 117.
- Vaccination and Variola,—G. W. BOWEN.
- Vaccination preventive of malignant pustule, 86.
- Vaccinal syphilis, 88.
- Vaginismus, operation for, 371.
- Vaginal ovariectomy, 255.
- Variola vaccination in England, 56.
- Vomiting, 283.
- Vomiting in pregnancy.—WM. B. ATKINSON, 300.
- Water beds, 105.
- What the physician of the future must study; 250.
- Whither are we drifting,—H. C. ALLEN, 98.
- Wisconsin State Medical Society, first semi-annual meeting of the, 37.

THE AMERICAN HOMCEOPATH.

NEW YORK, JANUARY, 1882.

SOME REMEDIES IN NEURALGIA.

BY

GEO. M. OCKFORD M. D.

Burlington, Vermont.

Of late, the tendency with the medical profession is to resort to electricity for the treatment of all forms of neuralgia, and while it is undoubtedly true that many cases are benefitted by this treatment, nevertheless, it is also a fact, that many simple cases of neuralgia are complicated and made less amenable to treatment by the careless application of electric currents, and this is especially true of the use of the Faradic current. These results should teach us the evils of generalization. It is a part of that system of medicine that can see nothing but quinia for intermittents or opium and lead for diarrhoeas, a routine practice that has not a particle of science or common sense to recommend it. Neuralgia is a vexatious affection, but in our repertory of remedies we have those that are eminently adapted for its treatment. All our polychrests are at times suitable for the treatment of this form of disease. Their characteristics should be known to all, and of them I will not speak. There are however a number of other remedies, some of them new and others whose virtues have never been fully understood that will well repay a careful study not only in neuralgia, but in the many ills that flesh is heir to. It is of a few of these oft-forgotten remedies that I wish to refer. Prominent among them is *Kalmia latifolia* a remedy of great value in the treatment of neuralgia. It will relieve many cases of prosopalgia, especially when the right side is affected, although the left side of the face being

the affected portion does not contra indicate its use. Occipital neuralgia pains appearing with regular intermissions are often benefitted by *Kalmia*. The pains calling for this remedy are of a stupefying rending description and are usually attended with more or less cutaneous sensibility. A source of aggravation is heat making it a more valuable remedy in the summer than winter. Cold applications give relief.

Bismuthum resembles *Kalmia* somewhat in its aggravations and ameliorations. The pains however, are different, being more of a pressive character and prefer the region of the malar bones and teeth for their ravages. From its peculiar aggravations it is to be thought of in cases in which neuralgia makes its appearance when working over a warm stove, or that induced by washing the face in warm water, as is sometimes done.

Cedron is often useful in intermittent neuralgia due to malarial cachexia. In sections where intermittents abound this remedy is not only an efficient one in the neuralgias, but also does excellent service in the irregular forms of fever often encountered, especially among children.

Melilotus alb. has been recommended for all sorts of pains, and, while it is undoubtedly often of benefit, there are certain forms of neuralgia that it has proven to be of great service. In my hands two cases, presenting a neuralgic affection, apparently having its origin from irritation of the solar plexus, in which severe paroxysms of pain would occur and spread all over the abdomen and last for hours. The paroxysms showed irregular intermissions, and over-fatigue or excitement were sufficient to induce an attack. In both cases there was debility, due to lactation, with loss of appetite and a general malaise. Improvement was marked from the first dose of *Melilotus*

given (ten drops of the third dilution to half-tumblerful of water) in teaspoonful doses, and under its administration the pains not only ceased, but the appetite and general health showed rapid and lasting improvement. I have also found it useful in headaches involving the occiput and vertex with the peculiar throbbing of *Cimicifuga*, and attended with sensitiveness of the cervical and dorsal vertebræ. A case came under my care in which the patient had been subject for years to a severe occipital headache, and which *Cimicifuga* had formerly given relief, but had seemed to have lost its usefulness, the headaches increasing in violence and frequency. *Melilotus* gave prompt relief, and under the action of *Lilium tigrinum* the attacks were broken up.

Aranea diad. has a good reputation in some forms of neuralgia. My only experience has been in a case of lumb-abdominal neuralgia of an intermittent or rather remittent character. The patient was a corpulent man, and the attack had been caused probably by becoming uncovered at night and allowing the wind from an open window to blow over the exposed abdomen. The exacerbation came on between 8 and 11 o'clock A. M., and continued until evening. At its height it was attended by excessive yawning and at times vomiting. After other remedies had failed to relieve, *Aranea* 2 gave prompt and lasting relief.

Plumbum met. has proven serviceable in my hands in two cases of neuralgia of the rectum. In each case the pain was constant and of a gnawing, drawing character, and rather worse towards evening and at night. In these cases the 12th potency was used, and the relief prompt.

Erythroxyton coca has been praised so highly of late for all sorts of nervous disorders that it may not be out of place to class it among neuralgic

remedies. It has proven serviceable in cases of a mild form of spinal exhaustion in feeble subjects and where the attack has been induced by over-exertion. In such instances, when there is considerable sensitiveness over the lumbar region of the spine, with slight neuralgic pains and general debility, the *Erythroxyton* has often proven useful.

CASES FROM MY NOTE BOOK.

BY

M. E. DOUGLASS, M. D..

Danville, Va.

CASE NO. I.—SUBINVOLUTION OF UTERUS.—Aug. 9, 1881. 11 P. M., summoned to the following case: Mrs. N. W.—, aged 27; married 7 years; no children; at first, positively denied ever having miscarried, but finally admitted of having lost one child six years previous, at the 5th month of pregnancy, since which time she has been subject to attacks like the present one. About one month previous to my visit her menses made their appearance, after an interval of six weeks; they continued to flow for two weeks, when she called in an allopathic physician, who, upon learning her condition, diagnosed the case as one of excessive menstruation, and prescribed accordingly, with instructions that if not checked in three days to notify him. She, being in a hurry to get well, bathed herself in ice-water. The flow was suddenly checked, and she was attacked with what she termed colic. Another physician (allopath) was called in, but left without making a prescription. I was then sent for. Upon entering the room I at first thought her to be in labor pain from the severity of her pains. She was lying in bed, on her back, face flushed, pulse quick and full; skin hot and dry;

complaining of a good deal of pain in uterine region and in back; tongue furred, with a sensation as of a dry skin in mouth; a pressing as if something would pass out of her; dysuria. Externally, region of uterus very tender to touch. On inserting my finger into the vagina I found the womb low down in the pelvis and very hot; os and cervix enlarged, thickened, but not elongated. Measurement of uterine cavity four and one-half inches; walls very much thickened. I diagnosed sub-involution of the uterus following miscarriage, and the checking of hemorrhage with ice-water. I administered Bell. rx internally, enjoined perfect rest in the horizontal position, and hot water vaginal injections three times daily, with Bell. ointment to be applied to cervix after each injection.

Aug. 10.—Feels better in every way. Continue treatment, using the hot water injection once daily.

Aug. 11.—Complains of the dysuria and says she feels as if she had been pounded all over. Arn. 30x .

Aug. 12.—A severe diarrhœa has set in, with frequent passages of thin, dark-brown stool; every few minutes has severe straining pains, followed by discharge of above stool. *Secale corn.* 30x .

Aug. 14.—Diarrhœa better: only one passage since last evening. Complains of great pain in uterus. *Macrotis* 200x .

Aug. 17.—Tenderness being nearly gone, I straightened the ante-flexed uterus and applied an abdominal supporter; continued the *Macrotis*.

Aug. 19.—This morning the patient dressed herself and rode three miles to her brother's. She continued in good health up to the middle of Oct., since when I have not heard from her.

CASE 2.—This case also came to me fresh from the hands of an al-

lopath who, after a digital examination, gravely informed the patient that she had something growing upon her womb. A very comprehensive diagnosis surely. Shortly after this, while riding past I was called in by the mother of the patient, and requested to diagnose the case. I learned the following history of the case. The patient Julia B., 33 years of age, married ten years; barren: Dates her sickness since first six months of married life. Complains of burning pains in region of uterus, and a sensation as of sticking her like needles; hot dry skin; pulse full, 80; thirstless; urine scant, with a great deal of pain on urinating, vagina tender to touch; womb prolapsed with os far back in sacrum; fundus pressing against bladder, enlarged. Uterine cavity measuring three and one-half inches; walls of uterus considerably thickened.

I diagnosed the case as sub-involution with ante-version; assured the patient that there was nothing growing upon, or within, the uterus; straightened the organ, ordered hot water vaginal injections: glycerine and *hydrastis* used twice daily as a local means of depletion; perfect rest in bed; left *Ars. iod.* 5x tr. in water, to be taken every two hours, and bade her be hopeful of a cure. *Puls.* and *Lilium tig.* to finish the cure of an ovarian irritation were the only remedies used besides the *Ars. iod.*, yet in three weeks time the lady was able to be up and to exercise moderately in the open air.

For the first time she is now pregnant, and grateful to think she is shortly to present her husband with a child.

Phosporus.—While visiting a patient in September, 1880, the colored nurse drew my attention to herself for the following symptoms:

For several years she had had con-

stant oozing of dark-colored blood from the left nipple. She was 53 years of age; tall; spare habit. She also was subject to occasional epistaxis, rather profuse, and lasting three or four hours at a time. She had called the attention of several physicians to her case, but had never experienced any benefit from medicine. The bleeding from the nipple caused her no pain or inconvenience, otherwise than by keeping the linen constantly soiled. There would be but a few drops each day, but by pressing the nipple a drop of blood would exude.

I prescribed Phos. 30^x , ten doses, one dose every Sunday morning.

She never had occasion to use but three doses, as she was cured, and remains so this date, November, 1881.

Berberis vulg.—During the spring of 1881 I treated S. M. H., a white gentleman, aged 79, bookkeeper, for enuresis nocturna, for which I prescribed *Berberis vulg.* Previous to commencing the medicine I noticed on the right temple a dark, scab-like protuberance, flat, irregular in shape, and about the size of a silver half-dollar. Calling his attention to it, I asked him how long that had been there. His answer was thirty or more years. At times it itched considerably; but was chiefly obnoxious on account of its prominence, for the question was repeatedly asked him "who had hit him." In a couple of months he returned to the office, and, to my surprise and his gratification, informed me that the medicine not only cured his enuresis, but was curing that scab on his temple. The scab was entirely removed, and nothing but a slight discoloration of the skin was left.

I send this report to you, as this clinical experience with *Berberis vulg.* is new to me.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK COUNTY.

A meeting of the Homœopathic Medical Society of the County of New York, was held in New York Oct. 13th, 1881, in the Ophthalmic Hospital Building.

President J. Ralsey White, M. D., in the chair. Fifteen members present.

After the usual routine of business, Dr. J. Malcolm Leal read a paper on ozæna.

* * * * *

SOME RECENT IDEAS CONCERNING OZÆNA.

BY

J. MALCOLM LEAL, M.D.

New York City.

* Taken mainly from a review work by Dr. Vincent Cozzolino, of Naples, on Ozæna and its Clinical forms; published in the *Annales des maladies de l'oreille, du larynx, etc.* for July 1881.—L.

Nasal ozæna is described by authors as a disease characterized by fetor and discharge from the nose. Accordingly the term becomes applicable to all those forms of disease manifesting this group of symptoms, regardless of their origin; including those conditions arising from syphilis, traumatism, ulceration of the Schneiderian membrane or even nasal catarrh; while excluding a more rare condition (to be described later) where there exists a fetid odor without any discharge whatever.

The subject has of late attracted much attention, particularly from the European physicians, but much discussion is still needed to clear away the misapprehensions and false theories that interfere with the scientific consideration of the disease.

In a work recently written on the subject by Dr. Cozzolino, of Naples, ozæna is set forth in a new light and the conclusions reached after an ex-

tended study of cases are certainly rational.

Cozzolino claims that the term *ozæna* should be applied only to those affections that present no apparent lesion or loss of substance. He says "*ozæna* no longer means ulceration of the mucous membrane" of the nose, and that we "ought not to give the name to all the lesions of the mucous membrane and bony structure of that organ that are accompanied by fetor." He recognizes three varieties of the affection, as follows:—1st, Constitutional *ozæna* or *scrofula* of the nasal mucous membrane;" 2d. What he terms "atrophic rhinitis, simple or catarrhal;" 3d, "*Ozæna* with fetid exhalation without discharge."

Each of these varieties is considered in detail and the conclusion arrived at may be briefly stated.

Of the first form or constitutional *ozæna* he says; the disease originates in the *whole* of the nasal mucous membrane and does not (as is claimed by Michel) have its origin in a "catarrhal lesion of the ethmoidal and sphenoidal sinuses without ulceration of the mucous membrane and alteration of the osseous structure." He does not think that these sinuses are primarily attacked by the catarrh to the exclusion of the nasal fossæ, but says he is convinced that *ozæna* begins as *ozæna* and is not a "degeneration" from another malady. The fetor of *ozæna* will not proceed, as is said by Michel, from stagnation of the secretion in a cavity that facilitates decomposition. Stagnation in reality is not necessary to produce the odor; but contact with the atmosphere suffices to alter the secretions, if they are not renewed. In answer to Michel's statement that "the tenacity of the disease can not be explained if it is assumed that the mucous membrane of the nasal fossæ alone affected" Cozzolino responds:

"By admitting with us that *ozæna* is a scrofulosis of the Schneiderian membrane the tenacity is wholly explained. I hold that the secretion, or rather its products, greenish yellow crusts, depends immediately upon the scrofulous diathesis, without there being necessarily a catarrh. This may exist especially in a torpid form, but accidentally or depending upon the chemico-physical action of the crusts. Similar lesions, affecting all of the nasal mucous membrane, may also invade the sinuses; but these do not absolutely belong to an attack of true *ozæna*; because, according to the teachings of pathology and clinical experience, it is not the sphenoidal and superior ethmoidal sinuses that are the most subject to the malady, but the maxillary and frontal sinuses."

The second form, or *ozæna* with atrophic rhinitis is observed in all ages, but principally in adolescence and childhood. It is, according to our author, based on the scrofulous diathesis, though without being an immediate product of *scrofula*, as in the constitutional form. It is a necessary feature of certain forms of chronic rhinitis. All the forms not producing *ozæna*, but only the special forms found in scrofulous individuals. The catarrhal process may attack not only the mucous membrane, but also the sinuses; but this rarely occurs. Herpetic and rheumatic diatheses may serve as a basis for this form of *ozæna*; but the fetor, depending always upon stagnation of the mucus and crusts, is different from that of constitutional *ozæna* (and has a musty odor rather than the unbearable stench of the latter). The prognosis in this variety is very fair, especially when the catarrh has not yet reached the complete atrophic stage; but the results, if they are more durable, are not as prompt nor as satisfactory as in constitutional *ozæna*.

Heredity has less bearing on ozæna from atrophic rhinitis than on the first form.

The third and last form of ozæna, that with fœtid exhalation without discharge, is more rare than either of its predecessors—its existence being even denied by some authors. Frænkel regards the presence of secretion as indispensable for the production of fetor. Cozzolino, however, brings a number of arguments and examples to combat this view, and finally says that "the fetor is attributable to certain odorous salts and fatty acids, to the putrefaction of the epithelial cells," etc. He says the diagnosis of this form of ozæna is difficult. The following conditions are observed: Nearly normal aspect of the mucous membrane, or perhaps slight redness; absence of all kinds of crusts; normal size of the nasal fossæ and nose of regular form; but, with all, excessive fetor.

Of all the forms described this last is the most obstinate. "It is the product of an anomaly of the fluids rather than the solids, presenting in consequence a smaller field for successful medication"—either general or local. It would be of interest, in connection with these views advanced by Dr. Cozzolino, to notice some of the many and varied opinions advanced by other authors; but the time will not permit, and I wish to call attention to some other points of interest.

In ozænic patients the form of the nose may not be peculiar, though we often notice that the organ seems broader than natural. On direct examination, however, we find usually (and, I may say, always in cases of true ozæna) that, instead of the narrow space usually found to exist between the middle and inferior turbinated bones and each side of the septum, there is a veritable cave, en-

abling the examiner at times to see the posterior wall of the pharynx and orifices of the Eustachian tubes. I have found also that in a great many (especially the more markedly scrofulous) cases, there exists an abnormal depression in the flow of the inferior meatus, serving to retain secretions to such an extent that, in the case of a girl of fifteen years, at present under treatment, they are appreciable only by means of a probe, and cannot be seen *in situ*. Without holding strictly to the classification given by Cozzolino (which is not as clear in many points as we could wish), let us see what is to be done in these cases of ozæna.

The disease seems to be amenable to treatment, particularly in so far as relief of the more distressing symptoms is concerned. To effect a permanent cure is often a difficult matter, and it is a question often whether time does not have as much to do with the cure in successful cases as do the remedial measures. It is of prime importance that the constitutional taint should be removed, and to this end our medical treatment should be supplemented by such hygienic measures as will be conducive to this result. Proper diet and exercise; salt water sponge baths, rubbing hard with a coarse towel after; plenty of fresh air and regular habits. Cod liver oil, preferably emulsified with some of the preparations of lime, will be found of great service in this connection.

The point next in importance is the removal of the secretions as fast as they accumulate, and the success of the treatment will depend in great measure upon the thoroughness with which this is done. The use of the post-nasal syringe, with a solution of salt in tepid water, seems to be the most ready method of softening the discharge, following the syringing by

use of the probe (the ordinary ring, or fenestrated ear-probe, being the instrument preferred) by means of which the crusts are detached and brought down into the inferior meatus, from whence the patient can easily eject them.

The use of the anterior nasal douche I unhesitatingly condemn, and for this reason: Although theoretically it may be used with perfect safety, by following certain directions—too well known to demand enumeration—these directions, either through ignorance, or inability to conform to them, will be disregarded in by far the greater number of cases, and if the patient uses the douche for any length it is entirely by good luck that he avoids having ear trouble.

All danger is not avoided by the use of the post nasal syringe but it is reduced to such an extent as warrants us in facing the risk in the majority of cases.*

As regards remedies, the *Aurum* preparations are of the first importance. Metallic gold, the muriate and the iodide, are all used, and the indications vary but slightly, the characteristic condition requiring any of them being the scrofulous diathesis. The iodide is preferable in those cases where there is enlargement of the lymphatic glands. Nitric acid, Pulsatilla and China will often be indicated; but remedies will be of small avail, provided the nose is allowed to remain full of the decomposing secretions, which are a source of irritation, and consequently tend to get up a catarrhal condition that I believe often leads to that destruction of tissue that is generally laid to the original disease.

* I have used recently a celluloid syringe, and find that many of my patients object to its use, because of the strong odor of camphor that is developed by the heat of the solutions used for injections.—L.

Dr. H. v. Musits related a case of *Ozæna scrofulosa*.

Miss Mamie J. æt. 18, had for several years a nasal catarrh, with a greenish thick, very offensive discharge, the central nasal cavity covered with a sticky firm adhering crust. Her voice had a muffled nasal sound—The fetor from the nose so extreme that her own relations could not stand her breath.—

Treatment.—Silicea 6x and 30th—3 times a day—for a spray one percent. of strong carbolic acid in luke warm water, careful removal of the crust every 2d or 3d day.—Cure in six months.

Dr. Carleton said:

I have had success with two cases. One was a middle aged woman, who, in addition to the ozæna had the characteristic symptoms of *Sepia*, such as yellow saddle across the nose, bad smelling leucorrhœa and itching of genitals. This drug was given for the constitutional indications. She had no other medicine and no local application.

The other case was a middle aged man with decidedly scrofulous taint. He presented the tumid abdomen, cold, clammy feet and other well known symptoms of *Calcaria carb*. These, more than the local symptoms, led me to give this drug. A cure was effected in about two years, without other medicine, constitutionally or locally.

I should expect local medication to either fail in curing the ozæna, or, if the ozæna disappeared, to set up a worse trouble elsewhere. The practice cannot be defended on homœopathic ground. I ask the advocates of topical applications, what their experience has been in this regard? Especially is this brought to your attention because, as I am informed, Roosa and other specialists of the Old School, forbid the application of salt,

Carbolic Acid or any other medicine to a diseased mucous membrane, experience having taught them that if the malady is stopped thereby, it is at the expense of *metastasis* to the Eustachian tube and ear.

Certainly our therapeutics should not be out-Hahnemanned by the old school.

Adjourned.

F. H. BOYNTON, M. D.,
Secretary.

THERAPEUTICS OF GELSEMIUM SEMPERVIRENS.

BY

GEO. W. WINTERBURN, M. D.,
New York.

In measles, when uncomplicated, and especially when the catarrhal symptoms are prominent, it is my only remedy. In one hundred and fifteen successive cases I found no other remedy needed. The fever of measles is rarely high enough to require Aconite. The tincture, diluted with ten parts of water, is an excellent antidote when applied to the eruption caused by poison ivy.

It is one of the most important of our optic remedies. In acute ophthalmia it is rarely of service, save in that form which occurs as a symptom of masked intermittent, and in which the congestion, more or less intense, returns at stated intervals. In asthenopia, with oscillation of the eyeball on the slightest fatigue, I have seen in one case an almost miraculous cure. In hemiopia and diplopia it is frequently of service, not only in simple paralysis of the ocular muscles (characteristically acting on the recti through the sixth nerve), but where the affection is of deeper origin. It has removed the amaurosis caused by tobacco or by masturbation, or succedent to diphtheria; ptosis where it was symptomatic of grave cerebral

disorder; photophobia from long-continued exposure to sun or electric light; retinitis from albuminuria; detachment of the retina, when recent; strabismus, when recent; and choroiditis with hyperæmia of the optic nerve and retina.

It is of value in gingival neuralgia, if the pain is of a shooting character, and there is difficulty in separating the jaws. In diseases of the mouth and pharynx you will find it of practical benefit in cases where loss of motion through nerve-failure is a prominent feature of the disease; therefore, in paralytic dysphagia and dysphonia from paralysis of the tongue, buccal cavity, pharynx, or glottis, unattended with numbness or pricking, you will find Gelsemium curative. I have seen beautiful results follow its administration in laryngismus stridulus, spasmodic croup, and spasms of the pharynx and glottis. It is the best remedy we have for post-diphtheritic paralysis.

In tonsillitis, with yellowish coating of the tongue, absence of thirst, compressible pulse, although the temperature may run high, it surpasses Aconite in the celerity with which it controls and modifies all the symptoms.

In œsophagitis, either catarrhal or spasmodic, with that peculiar vomiting characteristic of disorders of this tube, as well as in similar conditions of the stomach, Gelsemium is often the only remedy.

Its action upon the bowels is marked and positive, not only in neuralgiæ of the intestines from malarial or other causes, but in diarrhœa (acute catarrhal enteritis), caused by exposure to wet, either in cold or warm weather; as well as in diarrhœa from emotional excitement, such as disappointment, bad news, or, in soldiers, from the excitement in battle. Sometimes nervous excitement causes paralysis of the sphincter ani and invol-

untary diarrhœa: Gelsemium will cure this tendency. Again, in mucus dysenteries, spasmodic colic and tenesmus are sometimes associated with stools of green biliary matter, or with jaundice and light-colored stools; in either case Gelsemium will cure.

Gelsemium has no specific influence on the kidneys; but patients who, whenever mentally disturbed, are troubled by a profuse watery urine, will be helped by this drug. It has cured nocturnal enuresis of children; paralysis of the bladder in old men; and spasms of the bladder, with alternate dysuria and enuresis.

It is of frequent service during pregnancy, and as a parturifacient. Before labor, its use will relieve false pains when spasmodic, cramps in abdomen and legs, nervous irritability, and insomnia. During labor it will be found serviceable in controlling apoplectic form convulsions, rigidity of uteri, inefficient pains from uterine debility, and menorrhagia from lack of contractility. After labor it will ameliorate the severity of the pains which follow delivery.

In neuralgic or spasmodic dysmenorrhœa, when the pains centre in the uterus and shoot upward along the back and down the thighs, Gelsemium will cure. It will cure vaginismus.

The opinion has been advanced that Gelsemium given during pregnancy will produce abortion. This I do not believe, unless given in such large doses as actually to endanger life. In small doses it does produce moderate uterine contractions; if, however, the dose is decidedly increased, it will arrest the progress of labor. In proper doses it may be given safely at all stages of utero-gestation.

In the acute stage of gonorrhœa, when there is much inflammation, scanty discharge, and tendency to chordee, it is one of our best reme-

dies. After the fever is reduced it may be followed well by *Cannabis sativa*.

In spermatorrhœa it is of great utility, when the emission of semen occurs, either during the waking or sleeping hours, without an erection, or from irritability of the seminal vesicles.

The catarrhal condition in which Gelsemium has proved almost specific, affects the nose, eyes and ears; and in those severe coryzal attacks in which the whole head seems involved, it owns hardly a rival. Acute catarrhal bronchitis, accompanied by tickling in the pharynx, severe cough with vomiting, tenderness in the epigastrium, and pain in the chest, Gelsemium will cure; but it is to be doubted if it can arrest inflammatory action, such as is present in pneumonia, pleuritis, or pericarditis, being here superseded by Aconite and *Veratrum viride*. The value of Gelsemium in diseases of the respiratory organs is probably limited to such disorders of the mucous membrane as is occasioned by exposure to cold and damp.

Gelsemium, in diseases of the heart, reaches cases the reverse of those for which *Digitalis* is usually administered, and the most characteristic symptom is a feeling that it is necessary to keep moving about the room or else the heart's action will be stopped. This reminds us of *Conium maculatum*, where life is actually prolonged by movement in persons suffering from its toxic influence. When from plethora, neuralgia, rheumatism, or hysteria, the action of the heart is abnormally increased, and the full and soft, with stitches in the cardiac region, worse when lying down, Gelsemium is indicated and will probably do good.

In intermittent fever it will be found useful if the chilliness is especially

along the back, with cold extremities, and very marked decrease in the frequency of the pulse; there is, however, little shaking, and the chill does not last long. This is followed by fever, with rapid pulse, but without thirst; flushed face, stupor, and severe pain in the back and extremities. The fever usually lasts for hours, sometimes as long as twelve or fourteen, and is accompanied or followed by profuse perspiration. The quotidian type is the one most frequently calling for this remedy. In the condition known as "dumb ague," where there is much soreness in the muscles, yet prostration, and violent headache, Gelsemium and Cinchalagua in equal proportions, thoroughly triturated together, I have found a most valuable remedy. In the early stages of typhoid; in intermittents following typhoid; in irritative fever from abscesses; in acute muscular rheumatism; in scarlet fever and other eruptive fevers of children, when there is a tendency to convulsions or retrocession of the rash, Gelsemium will be found useful. But especially in what is known as "infantile remittent," which, although it may be denied as a pathological entity, is certainly a clinical reality, I have seen the most gratifying results from the use of this medicine.

In cerebro-spinal meningitis it should be studied, and will often prove a valuable intercurrent remedy.

In all fevers, the pyrexia, advancing as night approaches, is a further indication of Gelsemium as a remedy. So, also, is a tendency to stupor or to hemicrania.

On muscular tissue we have already noted its peculiar effects in producing intense functional prostration of muscular fibre, so that a person under its influence, on attempting to walk, sinks down all in a heap, like a drunk-

en man. In the treatment of myalgia it vies with Arnica and Cimicifuga. When the muscle-pain arises from over-exertion or other causes, and is accompanied with decided rise of temperature, Gelsemium is a never-failing remedy; but when the trouble is in the trophic ganglia, and the pain is caused not by overwork, but by local starvation, it will be necessary to give Cimicifuga.

Gelsemium is also a useful remedy in muscular rheumatism, when there is a feeling of numbness and heaviness, the muscles fail to obey the will, the extremities feel heavy and bruised, the feet seem as if in cold water, the pains grow worse towards night and by the warmth in bed, but are relieved by motion, and the whole trouble was occasioned by exposure to cold damp.

Gelsemium is of value in certain purely nervous affections. In sudden darting neuralgic pains, especially if recurrent or remittent; in tetanus and trismus; in hysterical convulsions from suppressed menses; in nervous chills unconnected with variations of temperature; in epilepsy; in hydrophobia; and in locomotor ataxy, it will be useful in proportion as the general condition approaches that of Gelsemium.

In headache it is often quickly curative. The pain for which it is indicated is a dull, heavy feeling, extending to the occiput and down the neck, throbbing and fullness in the temples, vertigo on rapid movement, stupid expression, and the whole condition is aggravated by lying with the head low, but relieved by the use of a high pillow.

CHLOROFORM AND ETHER POISONING.—No surgeon in operating, or physician in endeavoring to alleviate pain or spasm by aid of the drug above mentioned, should be without nitrite of amyl; it is, in fact, indis-

pensable, being the most reliable antagonist to the action and depressing influence of both chloroform and ether

CLINICAL CASES.

BY

F. R. SCHUMCKER, A.M., M.D.

Reading, Pa.

Jan. 11 1881, was called to see W. H., a boy aged 10 years, with following symptoms: Flow of yellow, purulent mucus from the mouth at night, staining linen so that it could scarcely be removed by washing. Much saliva at night; cough and expectoration in evening—none during day; restless and moaning in fore part of night; whitish coating on tongue; much thirst; no appetite; aversion to bread of which he was formerly fond.

Gave Nitric acid ^{2c} 1 powder, followed by Sac. lac.

Jan. 19. Reports no discharge from mouth after first night. Commenced to relish bread two days ago. Appetite good. Eats full meals which he hadn't done for two months. Gave no medicine. Feb. 5 Patient continues well.

March 5 1881. Was called to see Mrs. J., aged 70. For more than a year she had suffered more or less burning pain during micturition; has had to pass water too frequently. During the past two weeks the burning pain has been very intense. Urine normal in color and quantity. As she feared kidney disease, I asked her to send to my office a specimen of her urine for analysis. At the same time gave her Canth. ^{2c} promising to see her in two days.—Found urine healthy. At my next visit she expressed herself greatly delighted at the relief obtained from the medicine. continued Canth. ^{2c} and dismissed the patient in one week entirely relieved.

One of my patients, Mrs D., aged about 80, has given me the following history of her case: While attending her sick mother 33 years ago, she injured herself in lifting which resulted in profuse hemorrhage from the womb. In a short time complete procidentia suddenly occurred, and when her physician was summoned he found the womb in such a morbid state that its entire removal became necessary. He called in a consulting physician, and the womb, she says, "was tied off." She was in a precarious condition for some months afterwards but finally recovered, and has worked hard and enjoyed excellent health ever since until within a few years. In all these years she has felt no discomfort from the removal of this organ.

A CLINICAL CASE

REPORTED BY

"MEDICUS."

Charleston, Ills.

Oct. 7. A messenger came and said he wanted medicine for his brother, age 19, married, who was taken ill the 5th inst. with nausea and vomiting and pain in bowels.

Ipecac., and Cham. ^{30th} was sent with instructions to report on the morrow. Morning came, brought messenger with news no better.

Upon arriving at his residence the objective symptoms were a semi-recumbent position, sunken eyes, pale face, marked with the agony of deep suffering. The abdomen showed nothing but what was normal, although percussion revealed slight tympanites and considerable soreness in the umbilical region.

Upon inquiry the patient informed me that upon Thursday the 5th inst. his first symptom was a dull heavy

pain in the above named region which had gradually increased until now.

It had also changed from a dull aching pain to an excruciating spasmodic jerking pain, located in the ascending portion of the duodenum.

The attacks of vomiting were more frequent, nature of matter vomited a greenish yellow, tongue and skin moist; pulse 90, thirst moderate, bowels constipated. Diagnosis worse; to make treatment injections of warm water every two hours until bowels were moved Nux v. 30th and Ipecac 6th in water, 1 teaspoonful in alternation every two hours. Oct. 9 found patient had rested reasonably well during the night, had retained nourishment in form of milk gruel, had vomited only twice in 24 hours, bowels had failed to respond to injections, pulse 90, pain and other symptoms about the same. Presc. Nux, 30 Bell. 2nd same way. Oct. 10 Patient rested well during day until 11 P. M. of the 9th, when he was again attacked with severe pain and vomiting. The pain continued to grow worse and upon my arrival found him suffering great pain.

At 8.30 A. M. of (10) ileus set in, diagnosis, obstructions of the bowels.

Ordered repeated injections of water.

Internally morphine to relieve pain.

Called at 7 P. M. in company with Dr. Moore of Mattoon, Ill.

Notwithstanding the morphine, patient had suffered much pain during day.

Also had had repeated attacks of ileus.

We informed the parent, wife and patient that chance for life was meagre.

We inserted a rubber tube $\frac{1}{2}$ inch in diameter per rectum to the depth of 27 in. to which we attached a large untain syringe by which we were able to inject three pints of water.

He retained the injection about twenty-five minutes, when it passed away bringing only disappointment to us. We then tried with all our persuasive powers to get patient's consent to operate, but without avail.

We again inserted tube, and repeated injection, only to be met with failure. Prescribed opium to relieve intense suffering, and ordered injections of water with Lobelia with faint hope of relaxation of lower bowel, that the ileo-cæcal valve would open and let the obstruction pass. We called next day at 11 A. M.; found patient growing weaker and weaker; pulse 130; still vomiting fæcal matter; other conditions same as before, excepting that the pain was now located in the transverse portion of the intestine. We this time inserted rubber tube 30 inches, through which we injected water several times; result, failure. We insisted upon cutting down to the bowels, but were again refused. Prescribed opium, ordered injections every one and a half hours. Told patient and friends we thought death inevitable.

On morning of 13th, at 2 A. M., messenger came and said that at 7 P. M. of 12th that patient uttered a terrible cry as of excruciating pain, which was followed in a few minutes by a very fair and almost natural movement of the bowels. But even after the bowels had moved he still complained of pain and was troubled with ileus up to 2:30 A. M. of the 13th, when the dark-robed messenger crossed that threshold and relieved the brave, manful hero of his burden of pain.

We did all in our power to obtain a post-mortem, but even that was denied us; hence we only know that we had a case of obstruction of the bowels, the nature of which we are only left to conjecture.

There may be physicians of our

school wiser than we who could have cured our patient with attenuated remedies; there may be others who could have done the same with grooser means; but we did the best we knew how, and give the case as it was, that others may gather wisdom from what may have been an error upon our part,

Comments and criticisms solicited and desired.

TREATMENT OF ASTHMA BY ELECTRICITY.—Dr. Max Schaeffer (translation in *Medical News*), considers that the best remedy for cutting short an asthmatic attack is the local application of the induced current, which often causes the attack to disappear as if by magic, and is much more efficient than the pneumatic apparatus. According as the seat of the disease appears to be in the higher or lower parts of the nerve, the author applies the electrodes to both sides of the neck, under the lower jaw, about three-quarters of an inch in front of its angle, or opposite the thyroid cartilage in front of the sternomastoid. The currents must not be too feeble. The patient must clearly perceive that the current goes straight through the soft palate or through the larynx. When the attacks are violent the current should be applied for a quarter or half an hour at least twice daily. As recovery takes place, the applications may be shortened until they are at length made only once or twice a week. He rarely applied direct faradization, and found no good from the constant current.

Dr. Richard Schmitz reports the case of a patient, aged forty, who had been the subject of numerous and repeated attacks of asthma for eight years. At the time the electrical treatment was commenced, the patient

was suffering from a most severe attack, which had resisted all the ordinary methods, and had compelled him to sit for three days and nights without rest. Each attack was preceded by a catarrh, which successively invaded the larynx, trachea, and bronchi and it was thought that the swelling of the mucous membrane of the respiratory tract might have involved the vagus in its course, and it was, therefore, considered necessary to direct the induced currents to this nerve. The first *seance* was at eight in the evening; the electrodes were applied over the *alæ* of the thyroid cartilage, and internally to the sterno-mastoid. The current, at first weak, was gradually strengthened. The sitting lasted nine minutes, and the patient was so much relieved by it that he was able to sleep during the greater part of the night. On the next and succeeding days, two more sittings a day were given, each of five minutes duration. The good effects continued, and after twelve applications, the patient was freed from the attacks of oppression, and from the rales which embarrassed his breathing. Since the return of the patient to Hamburg, he has had a fresh attack of asthma, which was cured without a recourse to electricity but in spite of this it appears that induced currents are useful, if not in alleviating the affection itself, at any rate in its most painful manifestations, and its effects should always be tried in obstinate cases.

In the February number we will endeavor to notify our brethren of editorial corps of the exchanges received, and beg to say that we shall continue to exchange only with such publications as are *regularly* sent to us.

HÆMOPTYSIS—ITS INDICATIONS OF TUBERCLE, TOGETHER WITH THE INDICATIONS OF LEADING REMEDIES FOR ITS ARREST.

BY

G. N. BRIGHAM, M.D.

Many cases of phthisis come to us with the antecedent of pulmonary hemorrhage. Undoubtedly in many of these cases tubercle may be the cause of the hemorrhage but probably there are exceptions to this. Engorgement or congestion may exist and the pressure upon the walls be too great when hemorrhage will follow, no tubercle being present. But the congestion and subsequent inflammatory action may favor the exudation of tubercle, especially if there be a predisposition. Prof. Watson, says: "The complaint of which hæmoptysis is by far the most frequently symptomatic, is tubercular phthisis. There are many persons in whom the first attack precedes, even for years, the primary symptoms of unequivocal phthisis: there are others in whom the first attack of hæmoptysis is immediately followed by all the signs which announce the presence of tubercle in the lungs. Many again do not spit blood until the tubercles have acquired considerable development and the phthisical symptoms have been for some time clearly marked." Andral says of the persons whom he had known to die of phthisis one in six did not spit blood at all—three in six did not spit blood until the existence of tubercles in the lungs was already made certain by unequivocal symptoms; in the other two-sixths the hemorrhage preceded the other symptoms of tubercular disease and seemed to mark the period of its commencement; this is a very large per cent.—only one in six escape by this author's observation. Our observation does not give so high a per cent.

however, but large enough to attach the gravest consequences to a hæmoptysis; and yet we have learned to avoid usually fatal terminations following hæmoptysis. M. Louis gives the ratio as four to six—As far back as the days of Cullen it was held that the spitting of blood was often the cause of pulmonary consumption. The significance of hæmoptysis as bearing upon *phthisis pulmonalis* is spoken of in the following manner by Thomas Watson in his London lectures: "The occurrence of hæmoptysis, considered in reference to the probable duration of life in those who are subjects of it, is of melancholy omen; if from any given number of persons who have been known to spit blood we subtract those in whom that symptom was connected with irregularity in the uterine functions (and we need not subtract more than a fraction of these) there will remain but few in whom the hæmoptysis did not depend upon disease, incurable and progressive in its nature, of the lungs or of the heart; and if we further subtract those persons in whom the hemorrhage was symptomatic of cardiac disease there will be very few indeed left in whose lungs the existence of tubercles may not be confidently predicted."

Management.—The management of these cases is very important, for if the lung is left obstructed here, the seat of extravasation is likely to become the seat of tubercular deposit and a vomica. In cases preceding tubercularization with much arterial excitement, I have found *Aconite* a very servicable remedy, especially if patient used wine or had been exposed to cold dry air. *Veratrum viride* for removing congestions of the lungs, especially if we have heart complications, ranks very high. *Elaps corillanus* is another excellent remedy; *Plum-*

hum acetum is another. Of course the totality of symptoms must guide in this class of cases as everywhere else. Then again upon *Phosphorus*, *Lycopodium*, *Silicea* and *Sulphur* I have largely placed my dependence for the removal of later dangers from hæmoptysis. I will report a case showing the results of this treatment. Anastasius Nicholas, of Greek extraction, æt. about 40 years, had been subject to slight hæmoptysis for several years; was small of stature, dark complexion, somewhat flattened anteroposteriorly about the thorax and but little energy physically. Was taken of a hæmoptysis in the fall of 1870 while in New York; case was very severe; as soon as the patient could be carried, he went to his home in Vermont where he was again taken almost as soon as he got home. Found patient looking pale, covered with blood, and in great apprehension. Gave reply to questions only by motions very cautiously made. Blood was dark, pulse not accelerated but rather slower than natural. Administered *Veratrum viride*; no very active bleeding followed, but he had the taste of blood in his mouth and a lacerated feeling about the heart, kept spitting up occasionally a little blood and felt a constant apprehension, and rightly, that bleeding would return. I now gave *Elaps corilanus* in place of *Veratrum*; all tendencies to hemorrhage were controlled in a few hours, and no bleeding has ever followed so far as we know but there were blood clots to be absorbed and inflammations to control. A difficulty in lying upon the left side, weak voice amounting almost to aphonia, with a cough slightly worse at night, led us to give *Phosphorus* for some days, but later when purulent expectoration and a hectic fever set in, we put our patient upon *Lycopodium* 200. Indications were cavernous sounds and

loud rales with feeble voice, hoarseness and a husky voice with irritation in the trachea; cough more loose in the day time and growing tight towards evening; sputum dirty, grayish yellow and purulent; could not lie as well upon the left side, the *upper right side being the seat of disease*. Patient also had *flushes of heat towards evening*, and *sour night sweats*. Convalescence was complete with no return of hæmoptysis or tubercular symptoms to date, a period of ten years.

We cannot make an exhaustive discussion upon the remedies applicable in hæmoptysis, but will add a few leading ones with their indications to conclude our paper.

Indications for Aconite: Blood of a bright red color, foamy or filled with air-bubbles, comes up *easily from hemming or hawking*, sometimes *with a gush*. There is much excitement and *anxiety*, patient often *apprehending death*. The pulse is quick, there is apt to be palpitation of the heart and stitches in the chest. The hæmoptysis is often brought on from using stimulants, or may be from exposure to a cold air or a north-west wind.

Arnica: Especially adapted to a hæmoptysis following *mechanical injury*. The blood may be of either a dark or bright color. A valuable symptom is a *periodical flushing of heat which increases the action of the heart*; other symptoms are a *raw feeling* in the chest, a sore feeling when coughing. At times the stomach is disturbed because of some irritation in the right lung—perhaps it amounts to a *tickling sensation*. The pulse is usually small, or contracted, the countenance looks pale and limbs are cold. Often occasional attacks of fainting.

Cactus.—Is indicated for hæmoptysis with marked arterial excitement, though less than with *Aconite*, and when the heart is implicated a *squeezing constrictive pain about the*

heart or scrobiculus is often felt; attacks of anxiety and threatened suffocation, also sharp, wandering pains about the scapular region, congestion of the chest which *prevents lying down* is not uncommon, beating of the abdominal aorta may be felt, a sense as if *an iron band prevented the normal motions* of the chest may be found present, spasmodic cough with copious mucus expectoration or a cough with thick yellow sputa like boiled starch. Such are the chief indications for using *Cactus*; all the more strengthened if there should be a rheumatic complication with our hæmoptysis. The palpitation of the heart so common where *Cactus* is indicated, is worse by *lying on the left side*. *Cactus* patients are frequently spare, suffering from what is often called nervous consumption.

Elaps Corilanus.—Indicated when hæmoptysis is of a dark color, sometimes almost black. There is the *taste of blood in the mouth*. (Ham.) and a feeling of *laceration in the region of the heart*. (*Cactus* has the squeezing sensation.)

Hamamelis.—Indications are taste of blood in the mouth in connection with a tickling cough; cough may also be associated with the *Sulphur taste*. There is a feeling of tightness in the chest with difficulty of lying down. *Constriction of the chest increased by taking a long breath* is another symptom. With this chest constriction we often have frontal headache. Dr. W. E. Payne cured a case where blood came into the mouth every two minutes without any effort to amount of a teaspoonful; it seemed to issue from *below right clavicle in a warm current*; a sensation as if a hard body was lodged there was also felt, blood was of a venous character. Several remedies previously given had failed to give relief.

Ipecacuanha.—This agent seems

to correspond to both the inflammatory element and the spasmodic; the most characteristic symptom is aggravation by *the least motion*, (Bry.). The blood is of a light red color and we may look for *nausea* or gastric disturbance. One *hand is cold* and the *other hot* in some of our clinical reports.

Kreosotum.—A *burning sensation* at the seat of trouble is a marked symptom of *Kreosotum*. A *crawling sensation in the upper bronchi* is another important symptom. Blood is dark, sometimes almost black; complexion livid and possibly puffiness of the face and œdema of the feet. The hæmoptysis has been periodical, with pus-like sputa where our clinical records are of most value. One form of blood-spitting in which *Kreosote* has proved successful is where there has been *pains in the chest, with afternoon fever and morning sweat*. Fœtor of the sputum further suggests its use. The disposition is usually irritable.

To these remedies should be added *Belladonna*, *Carbo. veg.*, *China*, *Ledum*, *Phosphorus*, *Plumbum*, *Rhus tox.*, *Sepia*, *Stannum*, *Sulphur*, *Veratrum viride*, and others; the special indications of which must be studied from the *Materia Medica*.

Carbo. veg. and *Phosphorus* may be compared with *Kreosotum* where the sensation of heat is felt. *Ledum* as well as *Cactus* may be studied for hæmoptysis connected with the rheumatic diathesis; especially if it follow the abatement of *stitching pains* in the limbs; also for blood-spitting accompanied with herpes of the body and tubercles in the face, blotches, and other eruptions. Itching pimples on the chest are among the proved symptoms. *Ledum* patients have hot hands and hot feet, in which respect it resembles *Sulphur*. *Heat of the body has often been a troublesome symptom* in hæmoptysis where *Ledum* was.

the remedy. With hæmoptysis for which Plumbum would seem to be indicated we may mention *internal chill* with *external heat*, thirst, anxiety, redness of the *face*, and *sleepiness*, constipation or diarrhœa, sciatic pains.

Rhus tox., like *Arnica*, seems to have the power to restore the tone of tissues strained or overworked. The cases where it has proved most serviceable are when a hæmoptysis has followed over-exertion of the chest organs, as in singers or blowers upon wind instruments. Blood is florid and bleeding renewed from the *least mental excitement*. (Ipecac the least motion.) Guernsey places *Secale* in the front rank for passive hemorrhages in scrawny, cachectic subjects, and where the corpuscles have a tendency to break down from lack of fibrin. The bleeding gets worse from *motion*, as in Ipecac. Patients *dislike to be covered*, even when the *skin feels cold*.

The value of *Veratrum Viride* in these cases may be inferred when we reflect that no remedy known is able to produce so intense a congestion of the lungs. The power of its action upon the heart and lungs is fully admitted. Burning and prickling sensations in the region of the heart, rapid breathing, faintness and nausea are guiding symptoms. The heart murmurs may be low and feeble, or loud and strong, with much vascular excitement.

READY METHOD OF PREPARING FOMENTATIONS.—Take your flannel (*Michigan Medical News*), folded to the required thickness and size, dampened quite perceptibly with water, but not enough to drip, and place it between the folds of a large newspaper, having the edges of the paper lap well over the cloth, so as to give no vent to the steam. Thus

prepared, lay it on the heated surface of the stove or register, and in a moment steam is generated from the under surface, and has permeated the whole cloth sufficiently to heat it to the required temperature. This method is often very convenient and efficient where there is no opportunity to heat much water at a time.

EUONYMUS ATROPURPUREUS.—Have used the remedy, and have rarely been without it since 1851. It is one of the best in the *materia medica*, when used in small doses, for certain indications, which are, torpidity of the mucous membrane and liver, for hemorrhoids with torpidity of the peristaltic action of bowels, and in the “*erysipelatous diathesis*.” Consequently it gives tone to the stomach and digestive functions. It stimulates secretion from liver and blood into the bowels, and perhaps, cures hemorrhoids through such action, leaving the bowels in a soluble condition after discontinuing its use. I think it superior to *Cascara sagrada* for overcoming habitual constipation, for this reason: when the action (normal) becomes established its use can be dispensed with, the bowels continuing to move regularly for a long time after, provided you obtain its full effect upon the liver and bowels and their secretions fully established. I have cured some of the worst cases of hemorrhoids with this single remedy, and but few doses, they being small and often repeated. I find the *Euonymus amer.* to be equal in its effects to *Euonymus atropurpureus*, and either a special tool for the “*vital force*” to use in the certain conditions named.—A. B. WOODWARD, M. D.

THE
AMERICAN HOMŒOPATH.

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EDITORIAL.

TO OUR READERS AND COLLEAGUES.

With the first numbers of the new volume of the HOMŒOPATH, we send greetings and the wish for a happy New Year to all our readers. During the past six months we have been unable, on account of a press of private business, to bestow that care upon the pages of our journal, which it deserves, and we felt this to such a degree, that we contemplated withdrawing from the editorial chair. The persuasion of the publisher, however, induced us to continue it a while longer. We will hereafter endeavor to give it more of our time and bring the journal back to its pristine vigor, or else transfer the editorial pen to abler hands.

Homœopathy needs indeed watch-

ful guardians on its bulwarks, the journals of our school. The dangers which threaten us are not from without, not from our open opponents. They have learned to understand the strength of our position, and to refrain from open attacks, while they seek to undermine our school by apparently friendly advances. But many of our educated and skillful colleagues hanker after the flesh-pots of Egypt; recognition by the old school societies. In their endeavors to bring it about they often make admissions, which weaken if they do not undermine our position before the world. Recognition! we do not want any more recognition than we have. The law recognizes us as much as it does the old school, the public recognizes us fully to the same extent, and the more intelligent and unprejudiced of the old school have already recognized the successful operation of our practice.

What then do we want with any more recognition? But if recognition means, or is intended to lead to amalgamation, we will have none of it.

We would only be the losers by it, and our patients would have cause to regret the day that it was consummated. It would necessarily hamper the earnest Homœopath in carrying out the teachings of our school to its full extent. It would be borne down by the old man of the sea, which it has taken on its shoulders.

Even successful consultation between practitioners of the two schools is an impossibility; while they might

agree in diagnosis and prognosis, they would necessarily be at variance in their therapeutics, and would have to agree to disagree. In what could such a consultation be of benefit to the patient or relief to the physician? It would only tend to widen the breach between the practitioners of the two schools.

We would therefore counsel to abandon all attempts to bring about a union of the two schools. Let each do as much good as it can in its respective sphere, and let the practitioners of each, in their intercourse with the other, when thrown together, practice the usages of gentlemen and Christians in their deportment to one another, and both will be benefited by it. But no amalgamation by any means.

SHOULD GUILTEAU BE HELD RESPONSIBLE FOR KILLING PRESIDENT GARFIELD?

A great deal of valuable time and much paper has been wasted, as it appears to us, in the trial of the assassin, as well as in the discussion of his responsibility for his criminal act. To us the question appears easily answered, if it is looked upon from a correct standpoint. The act of an unprovoked murder is conceded by all contestants. The only question, therefore, remains, is he a responsible agent or not? Before we examine that question, let us come to understand the motive for punishing a crime. The law does not attach penalties to a criminal act as a revenge on the individual having committed

such an act, but as a terror to evil-disposed persons, to prevent others from committing similar acts, or, in other words, to protect society, that it may not become a prey to the criminally inclined. The criminal suffers for his evil deed, not because society wishes to gloat upon the punishment which overtakes him; but in order that others be restrained from inflicting similar injuries upon the community. The murderer dies, that other would-be-murderers may be prevented from indulging in their evil intent, and that the peaceful citizen may enjoy his existence with greater security against the assassin's weapon.

But the law dictates retribution to such only as commit a crime with a full knowledge and consciousness of the penalty attached to such a crime.

The real question at issue in Guiteau's case, is this, is he legally responsible, sane in a legal sense, viz., is he practically sane? It is absurd to urge in his defense the fine spun theories concerning the law drawn by experts and other medical authorities as it regards the moral insanity of the individual. In proportion as the landmarks of moral insanity, designated by different authorities differ, we will find a greater or less number of insane people in society, and in the circle of the acquaintance of any individual. If therefore every crank, to use a modern term, can successfully plead his crankism as a mitigation for crime, society will soon be at the mercy of the evil disposed.

Guiteau, from the evidence pro-

duced, is certainly sane in a *legal* sense of the word, having been fully aware of the penalty he incurred when he committed his criminal act, no matter what his moral obliquity may have been or is.

Society must therefore for its own protection, which is paramount when its existence is endangered, adjudge the death penalty to the criminal who is so dangerous an example and precedent to others of similar disposition. He is therefore sane enough to be hung.

BOOK REVIEWS.

THE HOMŒOPATHIC PHYSICIANS VISITING LIST AND POCKET REPERTORY. By Robert Faulkner M. D., (second edition) Boericke and Tafel 1881.—Price \$2.00.

As another year is near at hand and many physicians will be considering how they may with accuracy and dispatch keep an account of their daily business, we would call their attention to this visiting list. It is not a new form, having been published first in 1873. Its merits have been tested and found satisfactory. Besides containing a compact arrangement of lines and spaces for visits and prescriptions there is an obstetric calendar, a list of poisons and their antidotes, a very extensive repertory, space for addresses, and much more of a like character, all very useful to the general practitioner. The whole is arranged in compact form and can be carried in the pocket. The Book cannot be recommended too highly.

THE SCIENCE AND ART OF MIDWIFERY. By William Thompson Lusk. A. M., M.D., Professor of Obstetrics and Diseases of women in Bellevue Hospital Medical College. New York: D. Appleton and Company.

The works on obstetrics already published and in use by Colleges and private teachers are already very numerous and many of them have justly attained a high place in our medical literature. It would seem therefore, considering that some of the most valuable ones are of recent date, that there is no room nor need for a new work on midwifery; but after examining Prof. Lusk's *Obstetrics*, we had to come to the conclusion that there is ample room for such a work, and that medical men after reading it carefully will agree with us that just such a work was wanted, and will be of great use to the practitioner.

The professor has left out much useless matter, copied often from previous authors and of no practical advantage and use to the general practitioner, and he has embodied in it the valuable results of recent scientific investigation by eminent specialists, both in this country and in Europe. Germany that prolific source, from which we have recently received large contributions to our knowledge of Obstetrical practice, has furnished the professor with many facts the knowledge of which is due to the scientific investigation in that country. He also modestly furnished us with a reference to the recent authorities, which he has had occasion to consult. We are convinced that no one practising midwifery can afford to do without the information, the result of the labors of *recent* scientific investigations, and in Lusk's midwife he will find all that is new and valuable on the subject.

MEDICAL HERESIES HISTORICALLY CONSIDERED. By Gonzalo C. Smythe, A. M., M. D. Philadelphia: Presley Blakiston.

This is one of a class of books which have almost ceased to make their appearance. Their avocation is gone.

Under the guise of being a historical work on the so-called heresies in medicine, which supposes or acknowledges orthodoxy in our profession, it is really an attack upon homœopathy, a system of which the author evidently knows nothing from experience or observation, and only judges from what he has learned from articles written by open adversaries or pretended friends. His quotations from Hahnemann's writings and the records of discussion in homœopathic societies are only given to enable the writer to make comments which the text by no means warranted.

The first part of the work is a concise compilation of the history of many theories and practices in medicine which have prevailed at different times among the nations of antiquity and modern times. It is instructive to the student of medicine who has not already had access to larger works on the subject, and on the whole is pleasant reading to spend a leisure hour.

HOMŒOPATHIC THERAPEUTICS AS APPLIED TO OBSTETRICS. By Sheldon Leavitt, M.D., Chicago: Duncan Brothers, 1881.

The authors has endeavored in this little work to furnish the student of medicine and the active practitioner with a concise list of the principal medicines which they may require in the treatment of parturient women, and has enumerated the peculiar symptoms which each remedy is calculated to relieve. That such a little work, readily carried in the pocket for immediate reference will be of con-

siderable use, can not be doubted by any one. But it must necessarily have its defects in consequence of its size, and by reason of many omissions of remedies often essential in emergencies. Thus we find Hydrastis and Platina two remedies especially indicated in certain kinds of post partum hemorrhages entirely omitted. For the long continued after pains we have always found Chamomilla (omitted) a sovereign remedy. There are a few more such omissions; which we have no doubt, must be ascribed to the brevity of the little work. But it is nevertheless well calculated to be of great assistance to the younger portion of practitioners at the bedside of a parturient woman when memory is not always ready to supply the name of the remedy immediately wanted.

OTIS CLAPP'S SON'S VISITING LIST AND PRESCRIPTION RECORD.—This is one of the most acceptable visiting lists that we have thus far seen. Unlike all others, it is a visiting list and prescription record, and nothing more. Hence, not being encumbered by useless reading matter, which hardly one physician in a hundred ever reads, it is light, full and best adapted for the doctor who wants to record the number of his visits and the prescription he has given. He can then transfer readily to his ledger what he has put down in this easily-carried day book.

CORRESPONDENCE.

The following circular has been received, which we gladly publish:
To the Homœopathic Physicians of the South.

BRETHREN:—From interviews that I have had of our school in the south, it had seemed advisable that we should have an organization similar in character to the Western Academy

of Homœopathy, to bring together those of our school in this section. So far as my knowledge extends, there are but one or two homœopathic societies of any kind, south of Mason and Dixons line, and it is high time that we were more thoroughly organized. In this way, our beloved science can be more effectively placed before the public, and we can be brought together for mutual improvement, and encouragement. There are many Homœopaths who are completely isolated, and who do not have an opportunity to meet one of their own school, from one year's end to the other, and to them especially such an organization would be of the greatest value. The meetings of this association could be held yearly in the cities that would be most central to all, and May or June would probably be the best months to hold them. The American Institute holds its next meeting in Indianapolis, Ind., and the meeting for the organization of this proposed association might be held at such time and place, that those who wished could continue on to the Institute. I have made bold to act as secretary pro tem. to bring this matter before you, and I would respectfully urge upon every Homœopathic physician in the south to send me his name to attach to a call, and also any suggestions as to time and place of meeting, etc., etc. I will see that this call is issued at the proper time; and will do all in my power to perfect arrangements for the meeting.

Paternally yours,

H. R. STOUT, M. D.,

Jacksonville, Florida.

ABSTRACTS.

THE TREATMENT OF CLUB-FOOT WITH APPARATUS.—Dr. James S. Green, of New York, contributes to the "New York Medical Journal"

an article in which he argues that a great majority of the most intractable forms of club-foot may be treated successfully without the use of the knife. To effect the purpose of safe, comfortable, and certain reduction of chronic club-foot by mechanical means, he remarks, the instrument must perform the following functions: 1. It must effect by extension *the separation* of the articular surfaces of the bones involved exactly in the position in which they are presented by the deformity. The extension should be so complete that the synovial surfaces of the tarsal bones will slide *over* and *not upon* each other when the foot is twisted into its normal position. (This condition being obtained of itself reduces to a minimum the amount of force necessary to be exerted in moving the bones, which are thereby not jammed against each other, the synovial membrane and the cartilages injured, and ulceration of the soft parts made imminent.) 2. It should produce *the gradual* reduction of the foot to a normal position by continuous stretching, acting exactly in an opposite direction to the lines of the deformity.

In talipes equino-varus (the most common form) it should flex the foot, thereby overcoming the contraction of the gastrocnemius and soleus muscles, while at the same time it should abduct the foot, reducing the rigidity of the tibialis anticus and tibialis posticus muscles. It should stretch the plantar fascia, after overcoming the tendo Achillis and during the reduction of the tibial muscles. Withal, the instrument should be light in weight, portable, and easily worn, so that the patient may assist the cure by walking upon the foot which is being gradually extended and drawn toward its normal position. It should be so constructed that, as the opposing tissues yield to the applied

forces, the advantage gained, be it ever so little, can be easily seized and retained. The "compound club-foot twister," an instrument employed by the author and his associate, Dr. C. F. Stillman, is described as being so constructed as to twist the anterior portion of the foot on the posterior at the medio-tarsal joint, and also to gradually and painlessly alter the angle of the foot with the leg at the ankle joint. It consists of a local extender, provided with a slotted arc for graduated movement, placed each side of the ankle joint, and another placed in front of the arch of the foot. Below, these are attached to a flexible felt or leather sole, on which the foot is firmly fastened by bandages; and above they are connected to metal terminal plates, which are bound down to the leg by some immobile dressing. This splint allows the foot to be twisted back into shape without pain, as it provides a local extension which relieves the parts from strain and attrition during the twisting, and also allows the patient to walk without interfering with the action of the instrument, the foot being completely under the control of the surgeon. The instrument and dressing used in a case related weighed thirteen ounces.

TRANSPLANTATION OF BONE.—At a recent meeting of the Académie des Sciences (*Bull. Gen. de Therap.*), Dr. Ollier, of Lyons, presented a case of transplantation of bone successfully performed. A bony deficiency of four and a half inches left in the continuity of the humerus, as the result of necrosis, arising from suppurative periostitis of the diaphysis, had to be made good. The operation was surrounded by several difficulties, due to the fact that all trace of periosteum had been destroyed, and there was no

guide as to the line in which the transplanted bone should be placed. Portions of bone were transplanted on three several occasions, the bone being taken from human subjects operated upon by excision of wedged-shaped fragments of the tibia extracted to redress anterior curvature of the bone. These bony wedges were immediately transplanted, with their periosteum attached into the place prepared for them in the arm of the subject. These small portions of bone adhered to each other, and to the original remnants of the humerus above and below, forming finally a solid limb half an inch shorter than the humerus of the opposite side. Thus by transplantation of bone a useless arm was rendered perfectly useful.

The conclusions to be deduced from this experiment are as follows:

When six cuneiform portions of bone are taken from six different human lower limbs, removed with their periosteum and medulla, divided into small fragments, placed in the arm of a young man in an intermuscular space, freshly opened by the scalpel to receive them, and when the grafted portions are seen not merely remaining intact in the tissues, but even uniting with one another, making in all four and a half inches of transplanted bone from which a new humerus is formed in all respects like that of the other arm, it may safely be concluded that the transplanted bones have lived and grown.

It should not be forgotten that it is a year and seven months since the first graft was made, and that the bone formed since the cicatrization of the wound made for the reception of the graft has not only preserved its original dimensions, but has even grown. This sufficiently refutes the supposition of the absorption of bone after transplantation.

The appearance of the transplanted bone when the edges were refreshed was that of living osseous tissue.

The success which has crowned this operation has proved that the division of the graft into small fragments, and the *a priori* reasons for this procedure, were perfectly correct.

These considerations lead to the following conclusions: 1. Transplanted bone is capable of living and growing. 2. Inter-human transplantations of bone live and grow. 3. Inter-human transplantation of bone may give rise to practical results which shall be of benefit to humanity. 4. The totality of the osseous elements should be comprised in the transplantation. 5. The method of transplantation which offers the most chances of success is to divide the bone into small fragments. 6. To insure the success of the operation it should be practiced with antiseptic precautions.

DIPHTherITIC ALBUMINURIA. —

The albuminuria which occurs so constantly in diphtheria was long believed to be a direct effect of the altered blood-state, without any *renal lesion*. (*London Lancet*.) Lanceriaux and Brault, however, have described certain organic changes in the kidney. They found the epithelial cells swollen, badly defined, infiltrated with granules of protein, and the lumen of the tubules obliterated in many points by colloid or granular masses. These lesions are analogous to those described by M. Cornil in acute poisoning by cantharidin.

The nature and mode of production of this diphtheritic nephritis is the subject of a recent communication by M. E. Gaucher to the Société de Biologie. It may be *a priori* expected that the lesion would be due to the same mechanism as that which produces the similar changes which

have been found in some other infectious diseases. In the nephritis which sometimes occurs in typhoid fever, for instance, there is a similar granular infiltration of the epithelial cells and a similar obstruction of the lumen of the tubules by diffused material or globular masses. These alterations have lately been ascribed by Bouchard to the infiltration of the kidney by bacteria. In case of malignant diphtheria in which the urine contained a considerable amount of albumen, M. Gaucher, adopting all precautions to prevent the access of external germs, was able to demonstrate with difficulty the presence of bacteria in both the blood and the kidneys. The urine was collected in a glass, washed with alcohol and heated, and, examined immediately, was found to contain a large quantity of spherical or punctiform mobile bacteria (monads or micrococci). There were no rods or chains. In the same organisms were found, less numerous, but perfectly distinct. The patient died seven days after the onset of the disease. The kidneys, examined in the fresh state, were found crammed with bacteria similar to those which had been found in the urine and blood during life. The epithelial cells of the urinary tubules were filled with highly refracting granules, strikingly similar to the micrococci found in the urine. In sections which had been hardened in osmic acid the same granules were found. From these facts, Gaucher concludes that diphtheritic nephritis is of parasitic origin, and that the albuminuria is the result of the passage of the bacteria of the blood through the kidneys. The albuminuria is thus to be regarded as an effort at the elimination of the poison.

MANAGEMENT OF ABORTIONS. —

Dr. Parvin (*The Obstetric Gazette*, July) presents his manner of meeting

the difficulties of these cases. He says: Suppose a case of incomplete abortion having hemorrhage which by its persistence of profuseness brings danger to the patient, or commencing offensive discharge that heralds a possible septicæmia, and then interference is imperative and must be immediate. Let the patient lie on her back, upon a hard bed, her hips brought to its edge, lower limbs strongly flexed; then introduce Neugebauer's speculum, and bring the os fairly in view; now catch the interior lip with a simple tenaculum, or, better, with Nott's tenacular forceps, and then if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—use gentle traction to strengthen the bent canal; at any rate fix the uterus by the instrument.* Now take a pair of curved polypus forceps of suitable size, or, better still, Emmet's curette forceps, and gently introduce the closed blades into the uterine cavity, open them slightly, then close them and withdraw, when the fragments of membranes can be removed, and the instrument be re-introduced. Repeat this three or four times, if necessary, until all membranes or placental fragments are extracted. Then, by means of an applicator wrapped with cotton wool, swab out twice, or oftener, with an antiseptic.

CHLORAL HYDRATE IN TOOTH-ACHE.—Dr. Sporer recommends that three to four lumps of hydrate of chloral (0.03-0.06 gramme) should be inserted into the hollow and painful tooth, the chloral being allowed to dissolve. He has treated thirty-eight cases successfully in this way.

* It is well to use a uterine probe in order to ascertain the course of the cervico-uterine canal and the depth and size of the uterine cavity.

and has also obtained good results in several cases of hemicrania resulting from carious teeth.—*Centralblatt f. Chirurgie.*

PUBLISHERS' AND OTHER ITEMS.

REMOVAL.—Dr. Durrie has removed to 33 East 33rd St., between Madison and 4th Avenues.

The *Art Amateur* (New York) is an invulnerable assistant to every professional gentleman, who has or desires to have a properly appointed home.

ERASMUS WILSON, President of the Royal College of Surgeons, the great authority on cutaneous disorders, who brought Cleopatra's Needle to England, has been knighted.—*N. Y. Sun.*

A well known physician of several years experience, wishing a change of residence would like to connect himself with some physician having a large practice and needing an assistant or partner. Address "K" office American Homœopath, New York.

It will be gratifying to the many friends of Dr. J. P. Dake, of Nashville, Tenn., to know that he is recovering from a very dangerous attack of typho-malarial fever from which he has been suffering for several weeks. Dr. Breyfogle, of Louisville, was called in consultation.

LITERARY NOTE.—The North American Review, although published by Messrs. D. Appleton & Co., is owned and wholly controlled by its editor. Messrs. Appleton & Co., in view of recent articles that have appeared in it, will decline to act even as its publishers after the close of the present year.

MEDICAL RAYS.—Dr. Babbitt announces that if a yellow or amber colored bottle filled with water be exposed to the sunlight the water within will become medicated, so that it will act as a laxative principle, while water exposed in a blue bottle will act as a nerve, a stringent narcotic.

The New York Ophthalmic Hospital for Eye and Ear, corner 3rd Avenue and 23rd Street. Report for the month ending Oct. 3rd 1881: Number of Prescriptions, 4126; Number of new Patients, 574; Number of Patients resident in the Hospital, 27; Average Daily Attendance, 159; Largest, 231.

CHAS. DEADY, M. D.,
Resident Surgeon.

THE EDITOR of the Phil Review of Med. and Phar., Dec., says: "Among new pharmaceutical preparations to which the attention of physicians is directed none has seemed to us more striking than Powell's Beef, Cod Liver Oil and Pepsin. From the peculiar value of the combination in phthisis and similar wasting diseases, it is destined to command a very extensive use and sale.

DR. TALBOT, of Boston, recently read a paper before the Massachusetts Homœopathic Medical Society, upon the water supply of that city, the pollution of which he ascribed to dead eels, twenty-five pounds of them having been caught in twenty-four hours in a faucet-trap at a sugar refinery in the city. The doctor stated that if a remedy is not promptly applied, this corruption of the water supply would imperil the health of the city.

BIRTH MARKS.—The following good story is told of a physician of Dayton, Ohio: The doctor was recently attending a case of labor in the family of one of his patrons, who, though a very excellent man, is a little slow in the payment of his medical bills. Immediately after the birth of the babe, the father nervously asked: "Doctor, is the baby marked?" "Yes," quietly replied the doctor; "it is marked 'C. O. D.'" The bill for that baby was promptly settled.

MESSRS. SEABURY & JOHNSON have produced a list of Plasters, all made with India Rubber as a basis, which are elegant, stick well, are flexible, easily adapting themselves to the folds of the skin, occasion no inconvenience to the patient, and have the appearance of being made with faithfulness to the British Pharmacopœia. One Plaster worthy of especial praise is the Salicylated Isinglass; it is flexible, and on being slightly wetted makes a good adhesive plaster for surgical purposes.—*London Lancet*.

WE take pleasure in commending to the attention of our readers the advertisement of Messrs. Fairchild Bros. & Foster, who make pharmaceutical preparations of the highest class, and which are well established in the confidence of the profession in this city as they are prescribed with uniformly good results, this firm zealously maintaining the superior quality of their specialties. Their Essence of Pepsin affords the most rational form for administering this invaluable agent, being extracted from the pig and calf stomach

by a menstruum admirably adapted to preserve the physiological action of the gastric secretion.

LITTELL'S LIVING AGE FOR 1882. (Littell & Co., Boston.)—This widely-known weekly magazine has been published for nearly forty years, and during that long period has been prized by its numerous readers as a thorough compendium of the best thought and literary work of the time. As periodicals become more numerous, this one becomes the more valuable. It fills the place of many quarterlies, monthlies and weeklies, and its readers can through its pages easily and economically keep pace with the work of the foremost writers and thinkers in all departments of literature, science, politics and art. Its importance to American readers is evident; in fact it is well-nigh indispensable to those who would keep informed in the best literature of the day.

MORNING SICKNESS.—We would call the attention of the medical profession to another property of the acid phosphate of Prof. Horsford, viz: that of allaying the sympathetic troubles incident to the early stages of pregnancy. For morning sickness or nausea it has been used with good results. It seems to relieve the burning sensation sometimes felt before rising. Dr. D. T. Nelson, of Chicago, says: "I find it a pleasant and valuable remedy in indigestion, particularly in pregnant women." Dr. W. L. Atlee of Philadelphia, says: "Having used it very extensively in my practice, which consists mostly of uterine diseases and disorders, incident thereto, it is with pleasure, I attest my appreciation of its usefulness."

Let the patient put eight or ten drops of acid Phosphate into half a glass of cold water and take a sip of it, say five minutes before rising or whenever the sickness or nausea is coming on.

It is equally effective, and to some may be more palatable, taken in hot water or tea without milk or sugar. In such cases use the same dilution as above. Some constitutions may require a stronger dilution, which fact experience alone can decide.

DIED.—Alfred Ray, aged 7 years; Minnie May, aged 4 years, and Horace William, aged 11 years, of malignant scarlet fever, on the 18th, 19th and 22d inst., children of W. A. and M. S. Chatterton.

THE AMERICAN HOMOEOPATH.

NEW YORK, FEBRUARY, 1882.

TOBACCO, ITS ACTION AND MEDICINAL USES.

BY

F. F. CASSEDAY, M. D.,

Kansas, City, Mo.

To lovers of the weed it may be of interest to know that Tobacco or *Nicotina Tabacum* was first introduced into Europe by Jean Nicot about the year 1560.

Tobacco, or more correctly speaking, the species commonly used, is probably a native of tropical America. It was at all events found there by the Spaniards, upon their arrival, and had doubtless existed there many years previously. Tobacco contains, according to some authorities a camphor-like substance, *Nicotiana*, and a powerful alkaloid, Nicotia or Nicotin; but all of its physiological properties depend upon the Nicotin. Nicotin is a colorless, transparent liquid having a strong tobacco odor, and a burning taste. It is freely soluble in water.

The full and profound effects of tobacco are best seen in persons unaccustomed to its use, but many of its symptoms have been observed in persons using it to a moderate extent, and in the lower animals. Cases of chronic nicotin poisoning have been observed, but the lesions are by no means constant or characteristic, and in many cases are wholly wanting.

Dr. Dow gives a very interesting case in the *Pacific Medical and Surgical Journal*. The patient was a Prussian, 49 years of age, who had been engaged in the manufacture of cigars for eighteen years; during most of the time he was manager of the factory and was confined in the close rooms from 8 A. M. to 5 P. M. nearly every day. It was necessary for him

to test the quality of the cigars, so there were few moments in the day when there was not a cigar in his mouth. At night on leaving the factory he frequently complained of great weakness, especially in the legs; for which he would resort to a drink of brandy for relief. He frequently smoked before rising, and after smoking all day would smoke several cigars during the evening. He was spare in flesh, of lymphatic temperament, and social in disposition.

After being outdoors during the forenoon, he complained of oppression in the left side of his chest. The pulse was wiry and weak, the body bathed in a profuse perspiration, and there was a slight cough. A careful examination was made, and nothing abnormal was found in heart or lungs. Death occurred suddenly after leaving the office. An autopsy held three hours after death revealed an emphysematous condition of both lungs, heart contracted, empty, normal in size, and perfectly healthy; a small clot in left aortic orifice; blood very dark in color; stomach healthy, kidneys congested, serum at base of brain, but none in ventricles; brain healthy.

In persons unaccustomed to its use, tobacco acts as a very powerful depressant, causing nausea, vomiting, giddiness, and a feeling of intense weakness and wretchedness. If a large quantity is taken, in addition to the above symptoms there is burning pain in the stomach, free and copious urination, purgation, delirium, a rapid and weak pulse, cramps and colicky pains, collapse, and death.

As nicotin produces the characteristic effects of tobacco, a resume of the action of that alkaloid will be given.

Circulation.—Upon the blood the action of nicotin is peculiar. In chronic cases of poisoning there is no

perceptible effect upon the blood ; while the effects of adding nicotin to freshly-drawn blood is to disintegrate the red corpuscles, and to darken its color to a marked degree.

The dark color might occur in any case of death from asphyxia, but the corpuscles are shown to be perfectly normal in character, in the latter condition. The action upon the heart is not fully determined as yet. Upon the muscle itself a local application of the lung excites the heart to increased action ; while the injection of it into the circulation produces a periodical fall and rise in the arterial pressure. Rosenthal insists that this latter effect is produced by a paralysis of the vaso-motor system, but there is some question in regard to that point.

There is no evidence to prove that tobacco or nicotin ever produced organic heart disease, but there are many cases where intermittence of the beats of the heart and radial artery have occurred as the result of excessive smoking. Dr. Decaisne says that out of eighty-eight smokers, observed during a period of three years, twenty-one were affected with intermitting pulse, without organic lesion. He further states that all of these persons were healthy, none of them were affected with heart-disease, other than that mentioned, and that in nine cases the entire cessation of smoking restored the natural heart rhythm.

Eye.—In moderate doses the effect is to produce marked contraction of the pupil. As regards the characteristic amblyopia of tobacco M. Gueniot states as the result of his observations that the amaurosis always begins in one eye, and never affects both eyes equally from the beginning ; that in the beginning the patient sees objects yellow and through a mist, which gradually becomes more obscure.

The weakness of vision begins in the central portion ; the pupil is almost always closely contracted ; vision is worse towards evening. There is no especial pain or headache. There is also central scotoma. The course of the disease is rapid, and may end in atrophy of the papilla.

Abdominal organs.—The stomach is effected in a majority of cases, and that long train of symptoms, embraced under the term dyspepsia, is entailed by its use. The incessant spitting indulged in by many chewers leads in many instances to gaseous eructations and regurgitation of food owing to an irritable condition of the stomach and a lack of saliva and gastric juice. Diarrhœa often occurs, but constipation is a more common condition. It also produces a tetanic contraction of all the intestines.

Muscular and Nervous System.—Upon the brain nicotin exerts very little influence

Convulsions are produced by spinal excitement, and it is probable that the paralysis of the second stage is produced by spinal depression, though there is some doubt on this point.

Uterus.—From the limited observations made, nicotin seems to have a marked effect upon the pregnant uterus. Dr. Delamay in a recent article states that, from his observations of over 2000 women in a Paris tobacco factory, the effects of tobacco are decidedly pernicious. He concludes that tobacco has a pernicious effect upon the health of children and mothers ; it impairs the health of pregnant women ; it diminishes the quantity and deteriorates the quality of the milk and prevents the proper nourishment of the child. There was great liability to miscarriage, and in many instances the women were obliged to cease work at

the beginning of pregnancy, and remain away from the factory until after confinement.

Toxic effects.—In doses of from one-sixteenth to one-thirty-second of a grain nicotin produced great burning in fauces, œsophagus, and stomach, vertigo, nausea, vomiting, rapid and weak pulse, muscular weakness, diarrhœa, labored respiration, cold extremities, and other symptoms indicating approaching collapse. In large doses nicotine acts very rapidly.

Taylor in his jurisprudence mentions the case of a man, who took an unknown amount, dropped to the floor insensible, gave a deep sigh, and was dead in three minutes. After death the most constant condition is an engorged stage of the venous system. Aside from this, post mortem observations have been of a decidedly negative character.

Tobacco is adapted to diseases of the nervous system, accompanied by nausea and muscular weakness. From its symptoms it ought to be useful in the stage of collapse following cholera, but we have no testimony regarding its use in this condition. Test shows it to be useful in certain forms of gastralgia and enteralgia, and Dr. Blake commends it for insomnia of dilated heart.

In tetanus, nicotin is a very efficient remedy. It is also said to be a complete antidote to strychnia and mushroom poisoning. In spasmodic asthma, smoking is often of great benefit, relieving the attack at once. This remedy is deserving of careful study, and ought to be useful in a wide range of conditions. Dr. Burt, in his new *Materia Medica*, gives a very full description of its symptomatology, which is worth a careful perusal.

CALOTROPIS IN RHEUMATIC FEVER.—Nov. 29th.—C. T., aged twen-

ty-one, complained of violent pains in both legs from the feet to knees, with considerable swelling of knee joints; quite unable to walk from the pain and stiffness. Temperature 101, but no perspiration. *Calotropis gig.* 1 was given every three hours. The first dose caused great perspiration of the usual character.

Dec. 1st.—Three days only under treatment, with no other medicine. Every vestige of the fever had subsided, and he was able to walk without any inconvenience.

Two days after recovery a number of rough red blotches of various sizes came out on his legs, which yielded at once to *Arsenic* 3.

CASES FROM MY NOTE BOOK ON INTERMITTENT FEVER.

BY

M. E. DOUGLASS, M. D.,

Danville, Va.

Living in a malarious district, and having a great many cases of malaria to treat, I offer you a few cases taken at random from my note book, illustrating the treatment I find to succeed the best. I find but few remedies necessary, or indicated, and when my success is compared with the success of my professional brethren of the "regular" school, I have reason to be proud of homœopathy. The remedies I find to be indicated are: *Natrum mur.*, *Nux vom.*, *Quinine*, *Ipec.*, *Euper. perf.*, *Ars.*, *Apis mel.*, *Lycop.*, and *Verat. album*.

The indications, or rather the bedside symptoms, that I have found the remedy to cure are as follows:

Natr. mur.—A remedy I frequently use in the 6x, 12x and 30x.—Chill in latter part of forenoon, or chill anticipates; thirst continues through all

the stages; or absent in all the stages; headache, nausea, fever blisters on lips or inside of cheeks, backache; chill returns every day, or every seventh day.

July 6.—CASE.—Patty M——, age 16. Chills for past three weeks, coming from 10 to 1 o'clock, and lasting from half an hour to one hour; considerable backache before and during the chill, relieved by rubbing and hot applications (dry); thirst entirely absent; small blisters on inside of lips; chill followed by heat of short duration, and profuse sweat; *for last three days chills have been antepoising one and a half hours.* During apyrexia free from all unpleasant symptoms, and felt as well as ever.

R. Chin. sulph. 1x, 2 grs. every 2 hours during apyrexia.

8th.—Chill the same as the 6th.

R. Natr. mur. 30x; 2 grs. every 2 hours.

No more chills to date (Oct. 6th).

Nux vom.—CASE.—Viola G——, age 4. Chill during last three days, occurring in the morning; constant nausea; violent retching just before chill sets in, with vomiting of a small quantity of bilious matter; stitching pains in sides; chill at irregular hours. July 20th, had a congestive chill.

R. *Nux vom.* 3x; 4 drops in half a goblet of water; one teaspoonful every hour.

Next morning had a slight chill; no medicine. No chill since.

Quinine.—George C——, age 48; carpenter. Sick for two weeks with chills. Sense of warmth in the epigastrium, spreading over the abdomen; nausea and vomiting; pulse diminished in frequency, 52 beats; feeling of tightness in head and sensation as if head would burst open; sound of roaring water at a distance in his ears; hardness of hearing; vertigo; everything goes round in a circle; pu-

pils slightly dilated; chills antipone about two hours every day.

R. Chin. sulph. 1x; 2 grs. every 3 hours; during fever, Gels. 10 drops in a tumbler of water, and give 1 teaspoonful every half hour until sweating sets in, then resume the Chin. sulph. until next paroxysm.

This patient was cured in four days, and in eight days resumed his work.

I prepare my own trituration. I procure the Chin. sulph. 10 grs. and add 90 grs. of Sugar of Milk. I make the first 3x triturations. I get better results than I can possibly obtain from the crude drug, or from Dextro-Quinine. I have faithfully tried all these, and give my preference to the Chin. sulph. 1x, 2x and 3x. I have tried the 30x, but with indifferent success.

Ipecac.—This drug is a favorite with me where the gastric symptoms predominate. I procure the crude drug and triturate with sugar, using common granulated sugar. 1 gr. of Ipecac and 9 grs. of sugar. Of this I give from one to two grs. every two or three hours.

CASE.—James M., age 22, colored; symptoms very much like last case, only less regular. May 29th, 1880, I prescribed Chin. sulph. with no benefit for one week; he had been treated for three weeks before I saw him, by a prominent allopath, and began to despair of recovery. June 6th, I prescribed Ipec. 1x 2 grs. every 2 hours for 25 hours. He has had no chill since then.

Euphr. perf.—The symptoms for the use of this valuable drug are well given in Raue. I use it frequently for the following indications: Yawning and stretching before chill; chill from 7 to 9 A. M., and the terrible bone pains. The 30x gives me the best results.

**FIRST SEMI-ANNUAL MEETING
OF THE WISCONSIN STATE MEDICAL SOCIETY.**

The first semi-annual meeting of the Homœopathic Medical Society of the State of Wisconsin convened in the office of Drs. Danforth and Carlson, at Milwaukee, at 10 o'clock, on the morning of November 16. President Danforth presided. There was an excellent attendance representing all portions of the state.

The president, Dr. Danforth, read a very interesting paper on "Typhoid Fever, Its Causes and Treatment." The commonly accepted notion that the zymotic diseases owe their origin to decomposing animal matter and sewer gas is not accepted by the author of the paper. He does not believe that sewer gas can at one and the same moment cause a case of diphtheria and typhoid fever, or cholera and scarlatina. In fact, he thinks the very proposition preposterous, and only uttered by pedantic sanitarians. He says:

"If concentrated sewer gas is inhaled to any considerable extent, it will produce intense irritation of the mucous surfaces, and a high grade of nervous fever, delirium and death, but never a case of scarlatina or diphtheria. If, however, sewer gas is diffused through the atmosphere, it is thereby rendered innocuous. The atmosphere is composed of oxygen and nitrogen, not in combination, but free; each existing independent of the other, ready and anxious to seize upon any intruding element, and oxidize and antidote its noxious properties. If this were not practically true the whole human family would be swept from the face of the earth in ninety days, from the effects of rank poisons and irritants that are poured into it.

The atmosphere, then, is the great laboratory, supervised by the grand and Almighty Chemist of the uni-

verse, in such a manner as to render the shafts of death harmless as they fly about us.

I beg you not to mistake my proposition. It is that sewer-gas is innocuous when freely mixed with the atmosphere. That sewer-gas has never yet produced a case of diphtheria or typhoid fever, and, per consequence, never can.

And further, it is, that what is true of sewer-gas is equally true of decomposing animal matter. It, too, cannot cause specific zymotic disease.

Both reason and experience teach us that specific forms of disease are, and must be, produced by particular forces.

Again, I beg you not to misunderstand me. I have more than once been reported as saying that sewer-gas and decomposing animal remains were in no sense noxious or injurious to health. This I have never yet said, nor do I believe it. But I do say and believe that both are noxious, extremely disagreeable, and more or less injurious to health. But neither of them are the cause of specific zymotic disease. Neither will produce scarlatina nor diphtheria, although it is more or less probable that they may aggravate such a disease when it is present. A much more fruitful cause of sickness is to be found in contaminated drinking water. Both springs and wells may become so infected with excreta, or decomposing animal remains, as to render them actually poisonous; and when partaken of freely excite choleric discharges from the bowels, and low forms of irritative or continued fever, in many respects resembling typhoid, but never scarlatina or specific zymotic disease.

Where, then, do the specific zymotic diseases come from? The man is not yet born who can answer this question satisfactorily. Scavengers and river-dredgers, who are constantly inhaling

the most putrid odors (after their admixture with that great disinfectant, the atmosphere) rarely or never take sick at all. They are the very last to take typhoid fever or any zymotic disease. And further, malarial fevers, supposed to be engendered by decomposing vegetation only, are found, upon the contrary, to be the most noxious and deadly in the dry sands of the great Sahara Desert, of Africa; sailors, who go ashore only for a few hours, being frequently stricken with a fatal collapse. And again we find in Pekin, Canton, and other large cities of China, for the most part totally unprovided with sewers, that the offal and excreta from those millions of people are deposited in ditches and open drains, lying there in the open air, festering in the blazing sun, until the atmosphere is reeking with the pollution and intolerable effluvia. And yet, zymoses are very rarely met with. Resident English physicians of eleven years' practice say that they have not seen a half-dozen cases of typhoid fever in all that time. The well and river water used for drinking and culinary purposes, is also fearfully contaminated. And more strangely yet, here in Milwaukee, situated on this lake bluff, with absolutely perfect drainage, where we ought not to have diphtheria or typhoid, we find that about 44 per cent. of our deaths result from specific disease.

I append our health commissioner's mortality reports for the year ending September 30, 1881: Whole number of deaths, 2,814; number of deaths reported under the head of zymotic, 891; under the head of consumption, 354. It is now conceded that phthisis should be classified as a zymotic affection, thus giving 1,245 deaths from zymoses, in a total of 2,814.

The doctor thinks the zymotic diseases are caused by internal conditions, such as congestion of the

medulla oblongata, which is now conceded to be the governing vaso-motor centre. He formulates his theory in this manner:

"Do not these congestions cause partial paralysis of nerves presiding over glandular action? And, if so, does not interrupted human sewerage result, thereby loading the system with effete and corrupting matter, which would stimulate reaction, increase of bodily temperature and general pyrexia? And is the increased bodily temperature due to an increase of the amount of heat produced? Or, is it not rather caused by a failure of the body to throw off its heat?"

We know that the human organism is a perfect galvanic battery, the brain and spinal system being its positive, and the organic or sympathetic nerves the negative elements; and that health is maintained only when the positive and negative currents pass in their physiological rhythm.

"If now, from some congestion the polarities become changed, or seriously interrupted, may not febrile reaction result? And glandular action suffer serious derangement, entailing septic fever as a consequence?"

"We know that in man there is a fixed mean temperature and a normal diurnal variation of temperature, having a regular rhythm, which is always beyond the control of all disturbing causes, that do not force the organism beyond the limits of health.

"If now from inverted electrical polarities, congestions result, secretions become obstructed, and thence perverted; may we not have septic or typhoid fever as a result?"

Dr. Danforth thought the origin of the zymotic diseases to be perverted electrical conditions, giving rise to glandular disease. He entered into an interesting argument to prove his belief. Other papers were read and discussed freely by the members.

STERILITY.

BY

C. P. SEIP, M. D.

Pittsburgh, Penn.

Read before the Penn. Society.

CASE I. Mrs. R——, aged twenty-seven years, consulted me in 1869, for "female weakness." She commenced menstruating when thirteen years old; always suffered more or less pain, but it was not until three years later that the pain at each menstrual epoch became worse, and has continued, with very little variation, up to the time of consulting me. She has been married eight years, and has never been pregnant. Two years before she came to me she was treated for retroversion by a physician in Cleveland, who, after several months' treatment, pronounced her well, and stated that if she did not become pregnant within the next six months she, in all probability, never would. Her menses were regular, but preceded by pain for several hours, and at times the pain continued through the first two days. The discharge the last day was exceedingly acrid, excoriating the vulva, and sometimes the inner surface of the thighs. Any time within the first week after menstruation, copulation was exceedingly painful, owing to the excoriated condition of the vagina. Vaginismus was always present, so that when copulation took place, the semen was immediately expelled. I found the uterus retroverted but easily replaced, and retained by a pessary. Owing to the sensitive condition of the parts, the pessary had to be removed the next day. Kreosotum 3d, was prescribed, and tepid water injections ordered to be used every night, and especially before intercourse.

In July, although menstruation was as painful as usual, the discharge was not so acrid, while the warm

water injections seemed to have a decided influence over the vaginismus. The day before her next menses I replaced the uterus and retained it *in situ* by cotton packing, saturated in equal parts of glycerine and water. Her menses were much less painful, and the discharge less irritating, but not sufficient to prevent some excoriation and the consequent 'vaginismus.

Kreosotum was continued, and the other instructions, I believe, were fully carried out. In August I did not see the patient, but in September I saw her a few days after her menses had ceased. Although the uterus had not been replaced this time, menstruation was much less painful. I made an examination with the speculum and found a thick, greenish, ropy discharge coming from the os uteri. Ordinary syringing would remove only a portion of it, while the os seemed to be clogged up beyond the reach of the water. The uterine probe was introduced, and the obstructed canal was not only straightened out but the obstruction was also removed. The patient was now placed on her back with her hips elevated, so as to better retain the semen and insure a greater probability of its being deposited near the os uteri.

The patient did not menstruate in October. Subsequent events proved that she was pregnant, dating the conception from the time the uterine probe was used.

CASE II. Mrs. B——, aged twenty-seven years, married eight years. She has always enjoyed good health, but during the second year of her married life she had a premature delivery of a five months' fœtus. She has not been pregnant since.

She was very anxious to have children, and for that purpose, ascertaining the cause of her sterility, she consulted Dr. H. Hofmann about Janu-

ary, 1876. She then had endometritis; the external genital organs were painful to the touch, evidently due to the acrid character of the leucorrhœa. The vagina was capacious, but the uterus was anteverted, and somewhat enlarged. After seven months' treatment, the uterus was reduced in size, the leucorrhœa diminished but still acrid, and of a thick, ropy character.

From this time up to July, 1877, menstruation was regular, accompanied by very little pain, and followed by an increased leucorrhœa. intercourse was not painful, but the semen was forcibly expelled.

Her husband called on me to know why his wife did not conceive. This was a difficult question for me to answer, as at that time I knew nothing of his wife's previous condition.

By reference to the case book, I found a record of the case as above stated. The patient was at that time at the seashore. My theory of the cause was, that the uterus being anteverted and probably some endometritis still existing, the semen could not reach the ovum before the spermatozoa was destroyed by the abnormal secretions. I recommended the careful syringing of the vagina with warm water immediately before copulation, and the wife to assume the position usually employed for the use of Sims' speculum.

The directions were fully carried out, and the result was immediate conception. I delivered the wife of a large female child in the following May.

I will not make any comments on these two cases. The treatment, I believe, was proper. One thing, I think, is well established, and that is, the necessity of giving close attention to the removal of all irritating discharges, and make the cervical canal sufficiently pervious to readily admit the semen. The warm water injections

are not alone useful for hygienic purposes, but they have a very soothing effect in cases predisposed to vaginismus. This being overcome, the semen is retained longer.

There are many women who are anxious to have children whose extreme modesty or fear prevents them from consulting a physician. I believe these cases, or many of them, could be successfully treated by carefully instructing the husbands, as was done in case 2, cited above.

The acrid discharges are nearly always of an acid character, which is detrimental to the life of spermatozoa. When women will not make personal application for advice, I think it would be practicable to instruct the husband to ascertain the character of the leucorrhœa, bearing in mind that the vaginal secretions are normally slightly acid, but if litmus paper reddens quickly, and becomes a deeper pink, then the secretion is abnormal. This abnormal condition can be temporarily relieved by alkaline injections. Dr. Sims uses bicarbonate of soda, 20 grains, to glycerine, 1 drachm. In this solution he soaks a pledget of cotton, and introduces it into the vagina, allowing it to remain there for several hours. Kolliker prefers the phosphate of soda, while Byasson recommends the following preparation: water, 1,000 grams, albumen of one egg, and 59 grams of phosphate of soda. In this solution he has been able to keep spermatozoa alive for twelve days, at a temperature of about 99° Fahr. These means could be first employed, and, if not successful, then a personal consultation would be necessary.

CHOREA.

A few months ago the writer was consulted by a lady thirty-one years

old, who had suffered for thirteen years from chorea.

The peculiar symptom attending her disease, was the habit of talking to herself almost constantly. She was averse to doing anything, but would either sit still in moody silence or muttering, and occupied in carrying things from one place to another and then back again.

Having been in the habit of resorting to SHUSSLER'S remedies, when I could not find the precise Homœopathic similia for diseases of the nerves accompanied with great irritability. I prescribed accordingly Magnesia phosphat, 6th trit., and was gratified to learn that after she had used it fourteen days, she was greatly improved, and wholly ceased her muttering and talking to herself.—By DR. SAGER, SILESIA, PRUSSIA. in *Algemeine Homœopathic Zeitung*.

THE PRE-PHYSICAL SIGN STAGE OF PHTHISIS PULMONALIS.

BY

J. T. ESKRIDGE, M. D.

Read before the Phila. Med. Society.—*Med. Times*,
Dec., 1881.

In few diseases do the early symptoms differ more widely than those presented by different cases of pulmonary consumption. In some individuals the affection steals its march into the system so insidiously that its presence is not suspected until unfortunate and serious inroads have been made. In most cases, however, when the patient seeks medical advice, an examination reveals the fact that the disease has been in operation for some time. Some with incipient phthisis, from feelings of lassitude, general indisposition, and loss of appetite, have sought advice, in whose

lungs no positive evidence of the disease could be detected.

Certain premonitory symptoms may, and often do, manifest themselves more or less in persons who soon become tuberculous.

The symptoms of consumption may be divided into two groups or stages—the prodromic, those that precede the outbreak of the malady; and those present from the first manifestation of physical signs to the termination of the disease. If we adopt the view that tuberculosis is a special disease, requiring for its development, besides favorable circumstances, a taint of the system or means by which its communicability is possible, it will be perceived that the first symptoms of tuberculosis are due to tubercle, and that a group of symptoms of the disease preceding the affection of the system by the disease is born of the merest fancy. On the other hand, if we accept the view expressed by Dr. Hughes Bennett, that tuberculosis is not a special disease, but that it is a retrograde process which may take place in the vascular tissues of any person whose general health is far below the normal, a pretubercular stage would mean nothing more than a lowering of the vital functions, adopting which the convalescing period of most diseases constitutes the pre-tubercular disease.

PRODROMIC SYMPTOMS.

Many cases of tuberculosis have apparently no appreciable symptoms preceding the physical signs. When the disease is ushered in by a severe cold following exposure to inclement weather, it usually manifests itself by bronchitis, with spots of pulmonary consolidation, or rapid infiltration of the parenchymatous tissue of the lung and localized bronchitis. Either of these conditions may take place in persons predisposed to the disease

when subjected to undue hardship or exposure, whose general health before the attack would probably not have given the slightest suspicion of disease. In such it is a pulmonary or broncho-pulmonary inflammation, the structures involved take on a low grade of tissue-change, and the disease does not tend to end in resolution. In some persons a lobar pneumonia of the upper or lower part of the lung is followed by tuberculosis, and the infiltrated organ is rapidly studded with tubercle.

There is a form of consumption whose symptoms are so obscure, especially when occurring in a person of a delicate constitution, that the greater part of one lung may be consolidated and the individual almost ready to succumb to the ravages of the disease before the morbid process is detected. Dr. Hughes Bennett* mentions one such in the daughter of a physician, whose trouble was not detected until a large amount of the lungs were involved, and only two weeks before her death.

SUBJECTIVE PRODROMIC SYMPTOMS.

Appetite.—This may be capricious, certain articles being taken with a relish, or it may be almost entirely lost; nothing in the way of food is enjoyed, the individual never getting hungry, and what is eaten is taken against the protest of the stomach. The latter condition is the exception rather than the rule, and is much more frequently met with in the anæmic condition of young girls suffering from menstrual disorders.

Indigestion.—I have found this to be one of the most constant derangements accompanying the development of the tubercular state; it is rarely absent in those cases that are followed by a high temperature and

considerable constitutional disturbance; there may be a sense of weight at the stomach after eating, making the individual conscious of the digestive act; there may be acid or alkaline eructations, or a portion of the meal is vomited without any sick feeling of any moment preceding or following the act. When this form of indigestion persists for some time in a person predisposed to tuberculosis, it makes me apprehensive, especially if there is a gradual

Loss of flesh.—This symptom is rarely absent; when a person with a fair appetite, under favorable circumstances, is gradually losing flesh, in whom no other apparent cause can be found than a predisposition to tuberculosis, this disease should be feared.

Pallidness.—It is only in the more slowly-developed cases that this symptom is of any service in the diagnosis. It differs from the swarthy appearance in cardiac weakness, and from the waxy look in renal disease. The conjunctivæ may become pearly and the individual present a peculiar tight-skinned, bleached appearance, as if the blood is being gradually impoverished and the subcutaneous fatty tissue absorbed; add to this the evening blush, the hacking cough, the accelerated pulse, and the heightened temperature, and you have an array of symptoms which will excite the suspicion of the merest tyro; yet the best expert, in a few cases, is unable to make a positive diagnosis from the physical signs present.

Muscular weakness, tired feelings, and indisposition to physical exercise, are usually associated, and are due to the same cause—lessened vital force. In a case of gradually-developed phthisis it is rare that these sensations are not complained of before a diagnosis can be made by the pulmonary signs, and the greater the indisposition

* Reynolds's System of Medicine, American edition.

to exercise, the more the chances are that the disease will rapidly develop and run a short course.

Anxiety and nervousness are often prominent symptoms. An individual thus afflicted becomes over anxious about himself and lays unusual stress upon and magnifies vague symptoms. The anxiety exhibited thus early in the disease contrasts strongly with the stolid indifference often shown later, when, despite every symptom to the contrary, the unfortunate sufferer frequently persists in denying that he has consumption.

Irregular alvine discharges.—As a premonitory symptom of consumption, irregular action of the bowels is most usually found in gradually-formed cases, or what has been termed “chronic phthisis.” In some persons the irregular action of the bowels consists in periods of diarrhœa alternated by constipation. During the attacks of diarrhœa the evacuations, although often frequent, are not usually large; the fæces consist of hard lumps covered with a frothy mucus; more or less pain or an uneasy feeling is experienced by the individual during defecation. If the action of the bowels is left alone during the periods of constipation, an evacuation will not take place oftener than once in two or three days. The patient during this time is dyspeptic. If such a person will lead an active out-door life, his symptoms will materially improve; but if his business of a sedentary character be continued, he becomes a confirmed dyspeptic and hypochondriac.

Disordered menstruation.—The disorders of menstruation occurring during the incipient stage of phthisis are painful menstruation, diminished and absent menstrual flow. Diminished menstrual flow and painful menstruation are disorders of women of so frequent occurrence, both in

the married and unmarried, that they can have but little weight as premonitory symptoms in the diagnosis of phthisis. Suppressed menstruation as a symptom of phthisis usually does not occur until the disease can be detected readily by a physical exploration of the chest; but if it takes place early I know of no subjective symptom of more importance in the diagnosis.

Aversion to fatty articles of diet.—Formerly, writers on pulmonary phthisis laid great stress on this as an early symptom of great importance, although of late less significance has been attached to it. If this symptom has any special value in the early diagnosis of phthisis, I think it will be found limited to those cases attended by a marked rise in the temperature and considerable constitutional depression.

Inability to perform the usual amount of labor.—In gradually-developed phthisis this is usually a prominent feature before the lungs are sufficiently involved to enable one to detect the disease by a physical exploration of the chest. The individual will complain on going up and down stairs, or on walking against the wind, of shortness of breath and palpitation of the heart. This symptom is not of much importance in the shorter cases whose marked constitutional disturbances come on suddenly.

Activity of Mind.—Dr. Da Costa refers to the great vividness of the imagination as a symptom of consumption, but he does not speak of it as occurring especially early in the disease. As a precursor of acute phthisis, I have frequently observed periods of one or more months, immediately preceding the outbreak of the disease, during which the mind was very active.

Chest-pains.—These are more commonly present after the lung has been

involved to a considerable extent, and are then most certainly due to an inflammatory affection of the pleuræ. In no small proportion of cases they precede the physical signs of the disease by months or years, and, what seems strange, they are often complained of most on the side opposite to the one affected. It is probable that these early pains, like those experienced later in consumption, are due to local spots of pleuritis too small to be detected by the ear. They are described as starting in the front part of the chest, and extending to one or both shoulder-blades, and as often being dull in character, except on a full inspiration, when they become sharp; at other times they are spoken of as being a sense of tightness or uneasy feeling in the upper portion of both lungs. Individuals thus afflicted not infrequently complain of sharp, shooting pains in the muscles of the neck, shoulders and chest, owing, it may be, to the neuralgic condition supervening upon the impoverished condition of the blood. However vague and shifting these pains are, they have a certain amount of significance when found in connection with other symptoms of incipient phthisis.

Hoarseness.—This is often found in persons who soon show undoubted signs of pulmonary consumption. The period during which it may precede the development of the physical signs varies from months to years. In that class of cases called by Dr. Hughes Bennett laryngeal phthisis, in which the laryngeal trouble seems to precede that of the lungs, hoarseness is very liable to be a prominent symptom throughout the disease, although some of these cases lose more or less of their laryngeal character as the lung-tissue becomes infiltrated.

In all cases of chronic hoarseness, or when the voice is affected by slight changes in the atmosphere, or when

there is a chronic laryngeal cough or chronic laryngitis in a person predisposed to tuberculosis, or when a person presents other symptoms favoring the suspicion of tubercle, the larynx should be carefully examined by means of the laryngoscope; for it is well known that great damage to the vocal apparatus may be made by the ravages of this disease before any structural alteration can be detected in the lungs.

According to the statements of Drs. Cohen, Seiler, and other laryngoscopists, many cases of tuberculosis may be positively diagnosed by a careful examination of the larynx before the skilled auscultator is able to detect any disease in the lungs,

Cough.—While hoarseness is an occasional symptom preceding the physical signs of consumption, cough is almost a constant one, and is often the first thing that attracts the attention of the patient and his friends, antedating, in many instances, the development of the physical signs by months or years.

Its character varies, being more frequently of a dry, irritative nature; yet it may have a loud barking or ringing quality, the latter depending probably upon the seat of the irritation, whether it be in the larynx, bronchial tubes, or pulmonary tissue. Irritation of the recurrent laryngeal nerves is the immediate cause of the cough. As a cough may arise from so many causes, it is difficult to know what importance to attach to it as a symptom of pulmonary phthisis when no disease of the lungs can be detected by the physical signs present. If no cause for a cough present in a given case can be found outside of the lungs, disease of these organs should be apprehended; and such an opinion would be strengthened, if other symptoms of pulmonary trouble were present, although the physical signs still

remained negative. I have not met with a single case of chronic consumption coming under my care before the development of recognized physical signs which did not have some cough as a symptom, although in some it has only been a short hack, or, as others express themselves, an occasional desire to clear the throat.

Pulmonary hemorrhage.—According to some, whose opinions, on account of their great experience, must be respected, this is not an infrequent premonitory symptom of pulmonary phthisis. Most cases of hæmoptysis coming under my care, however, have either occurred in individuals whose lungs presented slight physical signs of disease, or the hemorrhages have been vicarious or otherwise disassociated from tuberculosis. The number in whom consumption has subsequently been developed has been reduced to two, or, at most, three. Sometimes the area of consolidation, when hemorrhage occurs, is quite small; but by a careful examination of the lungs, as soon as the arterial excitement has been allayed, impaired percussion resonance and harsh respiration have been detected under one clavicle, and, in rare cases, posteriorly above the spine of one scapula. A rarer form of pulmonary hemorrhage is one which is most frequently found occurring in children, and often follows whooping-cough. In this form no pulmonary dullness can be detected at the time of the hemorrhage, nothing but a localized apical bronchitis being present to give rise to the loss of blood.

OBJECTIVE SYMPTOMS.

The respiration, pulse, and temperature. The first is of the least importance as a prodromic symptom. In chronic cases one lung will be sufficiently involved to give rise to physical signs before the respiration,

when the individual is quiet, will show any material acceleration; and it will often be found that after one lung has become almost solid, if the patient has been quiet some time before the examination, the number of respirations may not be increased more than one or two per minute. The only cases in which the respirations are notably quickened during the prodromic stage are those of an inflammatory nature and that run a short course.

The pulse, though often only increased in frequency in proportion to the respiration, is of far more importance than the latter as an early symptom of consumption, because other modifications of it from the norm are of more value than its frequency,—such as its volume, regularity, and steadiness.

In the gradually-developed cases of phthisis the only abnormal phenomena that the pulse shows previously to the development of physical signs are increased frequency and want of tone,—just what we find in all persons suffering from lowered vitality. Although in such cases no special importance can be attached to the character of the pulse, yet when these phenomena are associated with other symptoms of phthisis their meaning should not be over-looked. In cases that are more decidedly inflammatory in their nature, and especially in those that run a comparatively short course, the pulse gives undoubted evidences of severe constitutional disturbance before the lungs can be positively said to be the seat of the trouble. The pulse is quickened and at times increased in force, but it is nervous, vibratory, and compressible.

Temperature.—Prof. Flint, in speaking of the temperature in pulmonary phthisis, says, "When it is a question as to diagnosis, increase of the temperature is evidence for, and absence

of any increase is evidence against, the existence of the disease." My conclusions are :

1st. All cases of phthisis have been attended by a longer or shorter period of heightened temperature preceding the development of physical signs.

2d. The height of the temperature varies with the rapidity of the morbid action ; and a sustained high temperature throughout the prodromic stage indicates that the disease will be of short duration, and *vice versa*.

3d. As after physical signs are present there may be periods of lull when the thermometer will show a normal temperature, so during the pre-physical sign stage, after the temperature has been above the normal for several days, there may be for a variable time marked remissions in the body-heat or an entire absence of any febrile excitement.

4th. An axillary temperature sustained at 99° for several weeks in a person predisposed to phthisis should excite suspicion.

5th. In rare cases the morning temperature for several days may be higher than the evening ; therefore thermometric record, to be satisfactory, should be made at various times of the day, including morning and evening, and they should extend over a period of one to several weeks.

In the pre-physical sign stage of phthisis there is no one symptom on which one can rely to the exclusion of all others. Every one who has thoroughly studied this subject agrees that what can be done as a curative measure must be done early, and that to wait in many cases for the presence of physical signs is to wait until just so much of the body as these represent is dead, and until treatment can avail but little. When the lungs are examined and found not to present the physical signs of phthisis, the physician—although there may be an

array of suspicious symptoms—too frequently assures his patient that he can find no evidence of pulmonary disease ; and one with his mind thus relieved of grave apprehensions continues a course of living which too soon hurries on the physical signs of a disease which should have been previously apprehended and prevented.

LOCOMOTOR ATAXI.—Prof. Pitres, in a lecture on this subject (*Revue de Therap.*), formulates the following statements: 1. Sclerosis of the posterior columns always begins with sensory disturbances. 2. The painful symptoms almost always present a peculiar aspect, which allows an early diagnosis to be arrived at (their fulgurant, intermittent, irregular occurrence). 3. The pains may be located in any part of the body (limbs, face, viscera, vertebral column). 4. They precede the motor disturbances by months or years. 5. They may for an indefinite period constitute the only symptoms of ataxia, which in this case deserves the designation *tabes*.

TUBERCULOSIS PULMONUM.

BY

DR. MULLER,

(Vierteljahrsschrift, 4.401.)

July 7th, 1852, I was called to a lady æt. 27, who had just arrived at Leipzig. She was married, had one child five years old and lived in Vienna. Though never much sick before, she was attacked there by influenza, in consequence of which cough, hoarseness, dyspnœa, debility and emaciation kept steadily increasing, so that her physician advised change of climate. She was under the action of Phosphor. 6, and for

the suffocative paroxysms of cough she was advised to take Hyosc.

Status presens: Excessive lassitude and weakness, so that she can hardly walk twenty steps; considerable emaciation; dyspnœa from the least exertion; irritability with hot flushes and palpitation; every afternoon dry heat, thirst, dulness of head; at night restlessness, insomnia, toward morning sweat; inappetency, gastralgia, stool tardy or costiveness; voice without timbre, hoarse, weak; constant pressure and burning in throat, larynx, trachea, down to the bronchi, with sensation of rawness, necessitating constant hawking and coughing; sensation of heaviness and pressure in chest; short, dry cough day and night, exacerbating two or three times daily into severe spasmodic fits, with exhaustion, breathlessness and heat in face and head; scanty, tough, thick expectoration, rarely mixed with small stria of blood; menses for the last four months scanty, or amenorrhœa; skin dry, pale, of a dirty gray; the superior clavicular region sunk in, especially on right side; slight and irregular motion of the thorax when breathing; sound of percussion empty on both upper lungs; on the apex of the right lung bronchial respiration, lower down indistinct and slight vesicular breathing; beat of heart strong, second pulmonary sound increased, on the neck venous murmur. Considering her case tuberculosis pulmonis dext., from neglected influenza and aggravated by mental emotions and bodily exertions, I laid aside Phosphor. and Hyosc. and put her on Jodum³, morning and evening a drop, advising at the same time the utmost mental and somatic quiet. A gradual improvement set in. After four weeks with the same ordination, only that several times Merc. sol.² was taken in the evening instead of the Jodum,

the patient was able to walk a mile without great exertion. Cough decreased, voice clearer and more sonorous, only heaviness and pressure in the chest, especially when lying down; sudden flushes of heat and disagreeable feeling in a warm room. Hence Bellad. and Bryon. were sometimes interpolated, but a return to Jodum and Merc. sol. in longer intervals was always necessary. After four months the patient became pregnant and passed the summer very comfortably. During the winter the cough got worse, especially towards evening she complained of dryness of the throat and of oppression and heaviness of the chest when lying down. Bryon. gave perfect relief. She had an easy confinement and at the present date she feels more like herself again. The right clavicular region is still sunk in but there is no bronchial breathing there, in fact no murmur can be heard, through all around there is strong vesicular murmur. The voice is clear and strong, still it becomes easily fatigued from too much exertion. We do not consider the case a total cure, but it proves again the salutary action of a well chosen homœopathic remedy.—*V. A. Jol.*

MANAGEMENT OF THE SHOULDERS IN LABOR.

Jno. Morris, M. D., of Baltimore, read a paper before the Baltimore Academy of Medicine, which we republish from the *Maryland Medical Journal*.

Lacerations of the perineum very frequently occur after the safe delivery of the head. This accident has recently occurred to two of my friends in a single week. In both these cases the head had been safely delivered with the forceps. In one of them, indeed, I had myself assisted the gen-

tleman in attendance in delivering the shoulder presenting anteriorly, and yet the perineum was torn to a considerable extent in the delivery of the remaining shoulder. This looks like faulty midwifery, yet we are told by all the authorities on the subject that such instances are of very common occurrence. Any suggestion, therefore, which tends to obviate this unpleasant accident must, it seems to me, have practical importance.

I have never met with a case of ruptured perineum in my own practice, which embraces two thousand midwifery cases. I do not know whether this is owing to good fortune or to the means which I invariably adopt in all cases which I am called on to attend. Of course I have met with slight lacerations of the fourchette, but not of sufficient seriousness to require surgical interference.

In the "Transactions of the Medical and Chirurgical Faculty" for 1877, there will be found an article of the writer on the management of the perineum during labor. In that article I mention the various means necessary to be employed to protect its integrity. I there state that the proper plan is, before the head actually commences to impinge on the soft parts, to pass the finger round the whole surface of the perineum, inside, during the pain, and attenuate the tissues by drawing them downwards and backwards. This kind of *massage*, so to speak, is of great service in preparing the perineum for the severe strain it is about to undergo. When the pains are of a violently forcible character it is necessary, of course, to guide the head and control its movements; but if the soft parts be properly prepared in the manner I have suggested, the perineum may be readily slipped under the chin, and the term

of the labor thereby greatly shortened. I might now suggest, in addition, the proper management of the glottis and the extension of the left leg at this stage to produce relaxation of the sphincters. The abduction and flexion of the limbs are proper until the soft parts are completely stretched; then the extension of the left leg adds to the safety of the perineum by its relaxation and the increase in the degree of its inclination. These remarks apply more particularly to the management of the head, but they also have a bearing, as you will see hereafter, on the delivery of the shoulders.

A great rest usually takes place after the delivery of the head, particularly in primiparæ. The young obstetrician at this stage awaits anxiously for a renewal of the pains and sees with horror the face of the child becoming livid. Fearful for its safety, he immediately commences to pull on the head forcibly, downwards and backwards. A sudden and violent pain is excited by his efforts; the sphincters contract and the shoulders are suddenly expelled, tearing the perineum in their rapid course. I have seen this occur in the Rotunda Hospital, Dublin, and also several times in this city. It is not good practice at any time to draw upon the head. Among other *contre temps*, I have seen the head torn away from the body by futile efforts to deliver the shoulders in this manner. The proper plan after the delivery of the head is to rotate the shoulders in the reverse direction to that taken by the face, so as to bring them into the opposite oblique direction to that of the head. This rotation can be assisted by placing one hand upon the back of the neck and another upon the sternum as the shoulders are about to pass.

The better plan, however, and the one I always adopt in cases of primi-

paræ, is to deliver each shoulder separately. After the proper rotation of the shoulders, which should be done very gently, I pass two fingers up into the axilla of the arm presenting at the pubis, gently depressing the head in this movement. I then raise the head up towards the abdomen of the mother, and in a like manner deliver the remaining shoulder. The first shoulder should, if possible, be delivered before the pains recommence, after the delivery of the head. If I do not succeed with two fingers, I do not hesitate to pass the whole hand and draw down the arm. This is sometimes a little painful to the mother, but it invariably saves the perineum.

The great frequency of rupture of the perineum by the shoulders is due to the fact that they are too often disregarded in the management of the labor. The head being delivered without injury to the soft parts, the accoucheur thinks all difficulty is over; but this is a very great error. The shoulders form abrupt stumpy projections which are very apt to cut the attenuated parts if not properly watched and controlled. I have not, in what I have written, given any attention to the treatment of those cases in which the great size of the shoulders arrests the delivery before the head is born for the reason that this branch of the subject has been ably treated by a French gentleman, M. Jacquemier, in an excellent paper published some years ago.

I have spoken of the proper management of the glottis as a means of saving the perineum. Tyler Smith is the only author who dwells sufficiently on the importance of this matter. The more outcry the woman makes at the terminal stage of labor—that is when the head and shoulders are about to pass—the better. The extreme dilatation of the glottis adds to the safety of the perineum by the re-

laxation of the sphincters which it produces. The woman, therefore, should be encouraged to cry out at this crisis. Her very distress seems to be the means devised to save her from future injury.

Unfortunately, in our times, it seems that more pains are taken to look for injuries to the perineum than to guard against them. The whole system of midwifery formerly taught in the schools, has been reversed by modern practice. The gynecologist appears to have taken the place in a great measure of the obstetrician. Women are now turned up and examined immediately after delivery in the search for lesions of the *genitalia*. I was greatly surprised at a meeting of the Obstetrical Section of the Medical and Chirurgical Faculty last week, to discover that this practice is the unvarying rule of every member who was present.

TRANSFUSION — AUTO-TRANSFUSION.—Dr. Erich spoke of transfusion in cases of collapse from post-partum hemorrhage. In one case he had tried Aveling's instrument, using the arm of the patient's son to get the blood, but could not get the blood to flow, because clots formed in the instrument. He thought defibrinated blood should be employed. He preferred auto-transfusion. About 5 vj of blood is all that can be safely introduced by transfusion, and this amount can generally be obtained from the lower extremities by squeezing and bandaging them and elevating the feet of the bedstead. Electricity is one of the most efficient agents to excite contractions.

In an experiment on a dog he bled the animal "within an inch of his life," then injected his defibrinated blood back into his veins, and the animal revived.—*Va. Med. Monthly*

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EDITORIAL.

THE DECLINE OF THE CARBOLIC
SPRAY.

The principles of that form of antiseptis, popularly termed "Listerism" are well known to all medical readers.—While it embraces certain fundamental principles in the treatment of wounds, acknowledged as essential by all surgical authorities, viz: the greatest possible cleanliness, the use of animal ligatures, thorough cleansing and protection from atmospheric contact,—one feature of this method, the carbolic acid spray, and the carbolicizing of hands and instruments, has been awarded by far the largest share of the credit. To be sure the exact value of the spray may be considered as still *sub-judice*, inasmuch as men of equal renown take exactly opposite views on the subject.

By one, the system of Lister is considered both imperfect and incomplete. By another it is believed to prevent septicæmia even in the worst circumstances; to secure union by first intention, rapidity of repair and like favorable results unknown by any other method. Notwithstanding these positive opinions for and against "Listerism" it is certain that the most advanced surgeons are one by one abandoning the use of the spray, and in some instances the carbolic acid itself.

The reasons for the abandonment of a system for which so much has been claimed, and which has been awarded a most thorough trial at the hands of the greatest surgeons of the time must be very striking. Nothing can be more interesting as bearing upon this point, or more conclusive as an argument, than the results of the modern antiseptic system as practiced by Dr. Keith of Edinburgh.—and certainly no one will question the thoroughness of his application of it.

The *American Practitioner* for November contains a series of practical remarks made by Dr. Keith on the subject of ovariectomy which we are pleased to quote. This distinguished ovariectomist "had observed several instances of carbolic acid poisoning, occurring in patients upon whom he had operated under antiseptic precautions, and had himself been injuriously affected by this agent. Since March he had stopped the spray altogether. Practically, he

states, he has not used antiseptics since, in the proper sense of the word. Sometimes he does use very weak carbolic solutions, but not as a spray; at other times he uses water alone. He doubts very much whether the spray is of any use whatever in ovariectomy operations, and does not favor the adoption of new antiseptics, such as the eucalyptus, etc." On another occasion he says, "True I did have eighty successive recoveries after ovariectomy. But too many of those came near dying. I found a large number of cases having high temperature— 105° , 106° , 107° Fahr.,—the evening following the operation, and many cases of renal disturbance. But while I had this remarkable succession of recoveries, that, *stopping there*, would be a wonderful statistical showing, *out of the next twenty-five I lost seven*; one of acute septicæmia, in spite of the most perfect antiseptic (Lister's) treatment; three others of kidney disease,—one of hemorrhage—that were undoubtedly due to carbolic poisoning. For four months past I have abandoned the so-called antiseptic plan and I am getting better results."

After such an admission on the part of one who has had exceptional opportunities for observation, and whose honesty is unquestioned, we cannot but feel that the spray is doomed to be banished from the operating room. The dictum of one man on so important a matter it may be considered unwise to accept, but others, of equal renown, have arrived

at the same conclusion. Hence we may say that the carbolic spray is undeserving of the great reputation that it has gained as the essential feature of "Listerism," though we must admit that it may have a limited sphere of usefulness which will be clearly defined as time goes on. D.

BOOK REVIEWS.

"SPECIAL PATHOLOGY AND DIAGNOSTICS, WITH THERAPEUTIC HINTS." By C. G. Raue, M.D. Second Edition (rewritten and enlarged). Published by Boericke & Tafel. 1881.

We have before us a large, beautifully printed volume, embracing between its covers an account of all those diseases which can appropriately be classed in the sphere of general medicine. To review such a work fairly and impartially is a task of no small proportions—embracing as it does many special topics, like diseases of the eye and ear, and diseases of women. We must content ourselves, however, with a general impression of the book as a whole; to do more than this would extend the notice beyond the space at our command.

The first thought which suggests itself to our mind is this: "Is it possible in a volume of a thousand pages to deal with the entire domain of medicine, including the therapeutics, of the diseases therein considered, in such a manner as best to subserve the interests of the reader?" Brevity is a desirable quality in medical literature, but it should not be carried to an extreme degree. There is no doubt that any of our standard medical works could be reduced one-half in volume without sacrificing materially the meaning of the text; in

other words, by discarding all detail in the narration of the history of disease, omitting all but the most prominent pathological facts, confining ætiological factors and prognostic indications to the most limited statements, the bulk of a given work could be vastly reduced.

But is such an abridgement, even if well and thoroughly done, the most desirable quality in a text book which is recommended by its author for all classes of medical readers, students, and experienced practitioners alike? We are inclined to answer this question most decidedly in the negative. This is the principal criticism that we have to offer upon this work. We believe that its value would be greatly enhanced if special topics, like diseases of the eye and ear, had been omitted altogether, and more space given to the discussion of important general diseases. Pathological facts may be reduced to simple statements, but the history of disease should be full and complete. Furthermore, a work emanating from homœopathic sources should be made as distinctive as possible, representing *fully* the practice of the school. We have many text-books from old-school writers, among which we might name Flint, Reynolds, Hartshorne, Niemeyer, etc., any one of which, and probably all may be found upon the book-shelves of the majority of homœopathic physicians, and to which they can and do appeal with satisfaction for information regarding particular diseases. When a homœopathic work is sought for it is in regard to treatment as a rule. If it is desirable to have homœopathic text-books covering general medicine, we say again, while they should be up to the times regarding pathology, that one will be most useful which couples a full and lucid account of the clinical history of disease with our special

therapeutic indications. We feel that the venerable author in his desire to be comprehensive has included more than is necessary, and by so doing has in some measure lessened the value of the whole having been obliged to abridge where detail would have been more desirable. According to his conception of its scope, and purpose, our author has executed his work most satisfactorily. A glance at the names of the authorities consulted, as announced in the preface gives ample evidence of the thoroughness with which it has been done. In saying what we have we do not mean to decry the value of the book. It is an exceedingly valuable addition to our literature and should form a part of every homœopathic physician's library. The publishers have executed their work in their usual excellent style, and deserve the praise which is always awarded them in this department of their business.

OPHTHALMIC THERAPEUTICS. BY GEORGE S. NORTON, M. D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital, Senior Surgeon to New York Ophthalmic Hospital, etc. With an Introduction by Professor T. F. Allen, M. D. Second Edition, rewritten and revised, with copious additions. Published by Boerick and Tafel. 1882.

The mere fact that a second edition of this manual has just been issued, and that it has had the careful revision of so competent an observer as Dr. Norton, in whose name the work now stands alone, is all that will be needed to insure its hearty reception at the hands of the profession.

It will be remembered that the first edition which appeared in 1876 was the first production of Drs. Allen and

Norton. Since that time the many valuable additions to ophthalmic therapeutics have rendered necessary the complete revision which now appears. The arrangement of the contents is the same as before, the remedies first, with their verified symptomatology, and in part second the clinical application of each drug. The first part has been wholly rewritten and several new remedies added, while part second has been thoroughly revised and copious additions made. As we glance through this book we are amazed at the vast array of well-digested and accurate observations made by our specialists, respecting the action of drugs in ophthalmic diseases; and when we reflect that no longer than ten years ago, little or nothing was known in this department of medical work, we are still more astonished. That so much could have been done gives ample evidence of the wonderful resources of our materia medica, and also of what can be accomplished by trained observers who devote all their energies to the development of their art. Let us all take courage. If so much has been done in one direction, as much can be done again, in other departments, which certainly present as favorable a field for the growth of the materia medica, as did ophthalmology when Drs. Allen and Norton began their work. We say once more, we are glad to be able to announce the second edition of so important a book. It should be obtained by all homœopathic physicians — whether specialists or not.

CORRESPONDENCE.

Editor of the American Homœopath:

Having just received a notice of the change of meeting of the American Institute from Richmond, Va., to In-

dianapolis, upon the plea that the "Hahnemann Medical Society of the Old Dominion" was opposed to the meeting being held in Richmond and that the invitation was premature, I being the one who presented the invitation, wish to state that the whole State of Virginia was canvassed amongst the physicians, that *only two* were opposed to it, and that these two were the only ones in the Medical Society referred to, who were opposed to it, all the balance "by a large majority being *enthusiastically* in favor of it, and willing to work heart and hand to make the meeting a success.

The change was *wholly unnecessary* as arrangements were rapidly being made to have a pleasant and profitable meeting. There was nothing premature about it.

A. R. BARRETT, M. D.

CROUP.—According to my experience (Dr. Trinks, — *Vierteljahrsschrift*) croup, acute or chronic, is mostly seen in scrofulous children. After a preceding coryza a croupous inflammation of the mucous membrane of the larynx rapidly forms, extending sometimes low down in trachea and bronchi; in most cases severe synochal fever; this is acute croup, which mostly is cured in a short time with Spongia or Jodium, and the croupous exudation becomes absorbed, without being discharged. After removal of the croupous inflammation the coryza reappears. In the torpid form the croupous inflammation becomes protracted, the plastic exudation is neither absorbed nor discharged, the fever passes away when simultaneously the croupous symptoms fail to abate. Croup often attacks several

children of one family so that one might suppose a propagation by infection. In our case the fever decreased with the eruption of the miliaria, but the croupous symptoms increased fearfully so that the dose of the remedy had to be increased. Jodium is the specific remedy for croup and it ought to be given immediately without noticing the fever, which will disappear as soon as the croup is overpowered by the Jodium. I have little confidence in Acon. or Hepar, and Mercur. failed totally in my hands. Where paralysis pulmonum threatens with great respiratory anguish and long continued spells of suffocation, I did not observe any favorable influence from Mercur., Ant. tart., nor from Phosphor., but Laches.6 repeatedly given, acted satisfactorily and Jodium then completed the cure.

I owe my success in the treatment of dangerous acute diseases to the careful selection of the simillimum and the steady application of the remedy specific to the case which must be repeated as long as no qualitative changes appear in the disease and the dose must be in proportion to the intensity of the disease and where weaker doses fail we must not be afraid to give large ones.

ACCIDENTAL ANTE-PARTUM HEMORRHAGE.—Dr. E. L. Partridge, New York, contributes to the *New York Medical Journal* an article in which, after briefly reviewing the current doctrines concerning so-called accidental hemorrhage preceding the birth of the child, he boldly challenges the expediency of the practice of rupturing the membranes. He believes, first, that rupture of the membranes does not meet the indications—i. e., it does not in itself or in its results

offer any reasonable probability of checking the hemorrhage—and, secondly, that the method is highly dangerous from the increase of facilities for loss of blood, and because it adds to the difficulty and the danger of the proper subsequent steps in treatment. As to whether it really does check hemorrhage, it cannot do so unless a decided decrease in uterine bulk can be secured and maintained thereby. There must, therefore, be a considerable number of cases in which, a small amount of liquor amnii being present and the reduction in size being very slight after its escape, no benefit can accrue. In cases which present an average amount of amniotic fluid, after its evacuation the uterus is decidedly, though not greatly, diminished in size. What is to show, however, that this decrease is sufficient to close the mouths of bleeding vessels? There is no practitioner who cannot affirm that alarming hemorrhage does often threaten after the birth of the child, and before or after the complete separation of the placenta, when the uterus is *greatly contracted*. Even this degree in the reduction of bulk fails to close the uterine sinuses in the intervals of contraction. All those writers who advise rupture of the membranes couple with this advice the information that there is danger of continued hemorrhage. One says, "Of course, there is risk," while all suggest methods by which they think a loss and a large accumulation of blood can be prevented after the escape of the amniotic fluid—these suggestions looking toward the maintenance of contraction. Accidental hemorrhage usually takes place prior to or during the occurrence of infrequent and slight early uterine contractions, when the os is slightly dilated or not at all. Superadded is the condition of collapse

If the liquor amnii is now permitted to escape, can any candid, practical obstetrician admit, the author asks, that there is any known way by which a momentary reduction of uterine bulk can be maintained for a period which will check an alarming hemorrhage? The uncertainties and tediousness of efforts at excitation of the uterus in cases of induction of labor afford a good illustration of the difficulties which would be encountered. Ergot is uncertain and almost valueless, for the stomach will either reject or fail to absorb it; or, if absorption does take place, or if the drug is given by the hypodermic method, its action is imperfect when there has been a great drain upon the vital powers. The abdominal binder can not be applied in a way to crowd the resilient uterine tissue into contraction. Manual efforts can not be kept up with any precision or efficacy during a period necessary to check the hemorrhage and keep it in control. Good uterine action can not be excited when the uterus is surprised into labor. Good labor-pains will not occur when the patient is exsanguinated.

The suggestion of Leishman, to the effect that the placenta will be compressed between the uterus and the child after the escape of the liquor amnii, and hemorrhage thus be checked, is, Dr. Partridge thinks, fanciful; for no sufficient uterine action will take place to effect this. There are a great many chances also that the part of the child nearest the placenta would not be one which could make an even, perfect compression, if suitable uterine action did take place. Far from meeting the emergency, the method greatly increases the dangers. If the uterus does not contract promptly and permanently after the escape of the liquor amnii, an ample space is afforded for a further extravasation of blood. A very limited

space will afford room for a dangerous extravasation. Another danger is from a more extensive detachment of the placenta when the uterus is even temporarily contracted. Another objection to the early removal of the liquor amnii in accidental hemorrhage is, that an obstacle is created to the use of the most efficient method for securing dilatation of the os—i. e., by the dilators. Their use would be improper, lest, acting also as a tampon they should prevent egress of effused blood, and add to the accumulation. A fourth danger will be from the increased difficulty encountered in the performance of version if the child is not surrounded by liquor amnii. This operation is often imperatively demanded in the treatment of accidental hemorrhage, under circumstances, too, when its ease of performance is of great importance.—There is one class of cases of accidental hemorrhage in which the amount of blood lost does not fully explain the degree of shock. In these the factors in the production of collapse are the over-distension of the uterus and consequent irritation of the peripheral nerves of that organ, as well as the abstraction of blood from the circulation. Here, then, we might believe, was found sufficient ground for the treatment by early rupture of the membranes, relieving thereby uterine distension and the resulting irritation to the nervous system. Upon consideration, however, we find, first, that it is impossible to prejudge in these cases. It is only *after* delivery, when the amount of effused blood can be estimated, that we discover that the shock was proportionately greater than the hemorrhage. Again, collapse brought about in this way does not obstinately refuse to yield to treatment, but will be remedied usually by the customary measures, such as stimulants, the ap-

plication of external heat, etc., without the need of any decided local interference. Finally, this variety of the accident is not very common, as indicated by clinical records, the possibility of its occurrence being so lightly regarded as hardly to be mentioned by writers. What, then, should be the treatment looking toward the safety of mother and child when immediate delivery can not be resorted to, owing to incomplete dilatation of the os? By all means *preserve the membranes intact*, and thus tampon the uterine cavity with liquor amnii. Then, in the great majority of cases, employ Barnes's dilators until the desired result is obtained. Of course, this or any similar treatment must be employed at a suitable time. It must not supersede efforts for the relief of collapse, and it may be necessary to defer all operative measures until the patient can be rallied from the alarming constitutional symptoms. The os being sufficiently dilated to enable delivery to take place, rupture of the membranes is proper, and should be followed by manual efforts to compel the uterus to descend upon the child, whose expulsion should be immediate. Version fulfills the indications better than the forceps, as by the former operation there is less danger from delay during delivery, and because it can be successfully resorted to at an earlier period in the dilatation of the os than the forceps can. Bimanual version should not be considered for a moment, as in cases apparently most favorable it can not always be accomplished, while in this accident the irregularity of the internal uterine surface caused by the collection of blood would certainly interfere with the change of position of the child. During the entire time stimulants must be freely used and warmth to the surface, and in excep-

tionable cases, when the hemorrhage does not appear to be continuing, it is proper to wait for returning vitality before operative measures are undertaken, lest the condition of collapse be aggravated. The danger is not necessarily over after delivery, for it is often difficult to bring about reaction from the dangerous condition, and convalescence will often be slow.

TWO FATAL CASES OF POISONING BY IODOFORM.—Henry (from *Deutsche Med. Wochens.*) gives an account of two cases occurring in the Breslau clinic, where iodoform has been largely and successfully used of late in the treatment of caries. The history of these cases showed well-marked cerebral symptoms, including intermittent drowsiness, finally ending in coma. In connection with these symptoms the patients suffered with paralysis of the sphincters, aphonic disturbance of speech, contraction of the muscles of the neck, and scaphoid abdomen, together with great frequency of pulse from the beginning. The temperature was normal. The acuity of the attack differed greatly in the two cases. In the first case death occurred on the second day, while in the second the patient continued in good condition for nine days during the use of the iodoform (externally); then headache and somnolence occurred for two days, death taking place on the sixteenth day. Fatty degeneration of the heart, with cloudiness of the liver and kidney, were shown post mortem.

VARIOLA-VACCINATION IN ENGLAND.—I have the pleasure to enclose you a copy of Professor Fleming's pamphlet on "Animal and Human Variola." We anti-vaccinators have

for years asserted that the pretended manufacture of vaccine lymph, procured as it has been by Doctors Ceely, Babcock, Sir John Cordy, Barrows, and others, by the inoculation of cows with the *pus* of human variola was a fraud; and that the patients operated on with lymph thus derived were in reality variolated, and only waited for those telluric and atmospheric conditions which prevail in epidemic seasons, to develop into veritable small-pox.

Experience has shown that we were right. In most of the epidemics here, both local and general, of which we have accurate records, the first to be attacked were the so-called *vaccinated*; whilst our small-pox hospitals have been filled with patients, 90 per cent. of whom have belonged to the same class.

The truth is coming to the surface; the advocates of the latest phase of vaccine humbug—*lymph from the calf*—were compelled, in order to make a pretext for the use of their “superior” specific, to study the *variolous* lymph of the old school, whilst Dr. Cameron, M. P., openly, both in the House of Commons and in the *London Times*, charges the users of that factitious lymph with spreading small-pox.

In the pamphlet of the eminent veterinary pathologist and most accurate and painstaking observer, Professor Fleming, it is demonstrated beyond the shadow of a doubt that variola and vaccinia are two distinct diseases; that the one is not transmutable into the other, and that those who have pretended to conjure the one into the other have been practicing on the credulity and gullability of mankind. Professor Fleming confirms the view held by Professor Thomson, that “the matter of small-pox is capable of reproducing small-pox by inoculation. It continues true to its own specific

character, and possesses the power to infinity.”

These facts surely go far to explain the undoubted truth that concurrently with the extension of vaccination we have experienced an *increase* in small-pox, both as to quantity and intensity; the most recent returns of the Registrar-General showing that the deaths from small-pox in London, which during the ten years 1851–1860, when but few comparatively were vaccinated, amounted to 7,150, rose under the most vigorous enforcement of vaccination the world has ever seen, in the decade 1871–80, to 15,543.

Yours.very truly, WM. YOUNG.

TABETIC ECCHYMOSES. — Straus (*Archives de Neurologie*,) describes another form of cutaneous eruption succeeding the lightning pains of ataxy, in addition to the papular, pustular, herpetic, etc., eruptions described by Charcot and Vulpien. These consist in veritable ecchymoses, which appear in a certain number of ataxics after the cessation of a violent accession of pains, sometimes not showing themselves for several hours. The appearance and course which they pursue correspond entirely with the extravasations resulting from injury, and were at first supposed by the author to be really due to mechanical injury, but this he found on careful and repeated examination not to be the case. The spontaneous nature of the ecchymoses was clearly proved. The patches are irregular in shape and size, and also variable in number. The intensity of the discoloration is generally proportional to the duration and violence of the pain. They almost always occupy the member, or part of it, which has been the chief seat of pain, and may be unilateral or bilateral accordingly. Generally the ecchymoses occur at a higher level than the actual seat of pain—in

the leg, if the ankle has been specially attacked, and in the upper arm, if the elbow has been the seat of the pain.

The distribution of the patches does not correspond with the course of the cutaneous nerves, like the tabetic eruptions described by Charcot. Sometimes, but exceptionally, the ecchymoses are confined to one limb, and it may happen that they appear not in the limb which has been the seat of pain, but in the opposite. No particular period in the course of the disease can be fixed at which they occur.

As to their mode of causation, mechanical injury being excluded, two hypotheses may be entertained. According to the one most in harmony with established data, the ecchymoses may be looked upon as the result of local vascular dilatation, either active vaso-dilatation or passive vaso-paralysis, caused reflexly by irritation of the posterior radicular zones acting on the anterior roots. The other hypothesis is, that the ecchymoses are due to direct irritation of vaso-dilator fibres contained in the posterior roots. Most physiologists hold that the vaso-motor nerves pass out by the anterior roots; but the experiments of Brown-Sequard seem to indicate that the posterior roots also contain vaso-motor fibres. More recently, Strickler has published experiments which he holds demonstrate the existence of vaso-dilator fibres in the posterior roots of the sciatic in the dog. This view has been contested by Cossy and Vulpien, but again affirmed by Stricker. If Stricker's view is correct, then the ecchymoses would find an explanation in the direct irritation of vaso-dilator nerves of the posterior roots by the active process on which the lightning pains depend.

THE USE OF FUMIGATIONS OF TINCTURE OF IODINE.—“The power-

ful resolute action of iodine,” says M. Gueneau de Mussy, “indicates its use in a large number of congestive and inflammatory affections of a sub-acute or chronic form” (*Le Praticien*). There are cases, however, where its direct application to the diseased organ meets with some difficulties: in affections of the tympanic cavity, for example, the membrane tolerates badly applications of tincture of iodine. The author recommends the following proceeding which, without inflaming the tissues, brings them in contact with the remedy: a small ball of iodized cotton is enveloped in cotton-wool and introduced into the ear; the iodine is exhaled in the meatus, and forms an iodized atmosphere over the membrane; at the end of twenty-four or thirty-six hours the cotton is decolorized, and should be removed.

M. de Mussy has applied the same proceeding with marked advantage in a case of chronic engorgement of the uterus. Besides general treatment and the use of belladonna suppositories, he prescribed tepid injections every evening of infusion of chamomile and borax; immediately after these injections he introduced into the vagina a tampon of iodized cotton covered with cotton-wool. Besides this direct resolute action, the author attributes to iodine emmenagogue properties, and warns against the use of applications of iodized cotton in women subject to metrorrhagia.—*Med. Press and Cir.*

CEREUS BONPLANDII.—Dr. Cullen states that this is one of the many species of cactus, and that he has tried it in several cases of functional heart disease.

One of his cases has been at death's door several times, and has recovered under its use. The symptoms were shortness of breath, inability to lie down, great frequency of pulse, faint-

ness, flushing of the face, lips and fingers almost stagnant with blood. Having tried the usual remedies without success, he gave the fluid extract of *cereus bonplandii*. In half an hour he repeated the dose. The action of the heart moderated, and from 125 gradually came down to 90 pulsations in the minute.

SPONGE-GRAFTING. — Dr. Hamilton (*Edinburgh Medical Journal*) asserts that the vessels of a granulating surface are not newly formed, but are simply the superficial capillaries of the part which have become displaced. They have been thrown upwards as granulation loops by the propelling action of the heart, because the restraining action of the skin has been removed.

While studying the subject, Dr. Hamilton was much struck by the similarity of the process of vascularization as seen on a granulating surface and that which occurs when a blood-clot or a fibrinous exudation is replaced by a vascular exudation tissue. Blood-clot or fibrinous lymph plays merely a mechanical and passive part in any situation where it becomes replaced by a fibrous cicatrix, and its vascularization is not owing to new formation of blood-vessels, but rather to a displacement and pushing inward of the blood-vessels of surrounding tissues. Dr. Hamilton being convinced that the blood-clot or fibrinous lymph, before organization takes place, was just as so much dead matter in a tissue, it occurred to him that if we could employ, instead of blood-clot or fibrinous lymph, some dead porous animal tissue, it also would, in the course of time, become vascularized and replaced by cicatricial tissue.

In order to test the correctness of this view, he has employed sponge in

several instances as a dressing to granulating wounds, and has found that it is gradually dissolved, the reparative material growing up within the interstices of the sponge, its interstices becoming filled with blood-vessels and cicatricial tissue, just as in the case of a blood-clot, and ultimately the whole of the sponge disappears in the wound, leaving an organizing mass of new tissue in its place. The vacuities in the sponge appear to be especially adapted for allowing of this, the framework of keratode affording support to the young vessels which are formed within it.

Dr. Hamilton's paper, which is accompanied by a fully illustrated account of the microscopic histology of the process, is too long to be readily abstracted, but is very suggestive. One practical point may be added. He says that wherever sponge grafting is applied it must always be remembered that the sponge may be employed simply for *filling a vacancy*; otherwise it will cause great inflammation, and the efforts at organization will not proceed.

COMPLETE DISAPPEARANCE OF A LARGE UTERINE MYOMA WITHIN SIX MONTHS AFTER THE REMOVAL OF THE UTERINE APPENDAGES. — Mr. Lawson Tait writes to the *Lancet*, giving the case of an unmarried lady, 35 years of age, suffering from a rapidly growing uterine myoma of considerable size and of about three month's duration. On attempting to operate, the tumor was found fixed in the pelvis, so that it could not be removed successfully. The uterine appendages were then taken away, the Fallopian tubes being removed close to the uterine cornua. The tumor was estimated at about five pounds' weight. The patient rapidly recovered, retention of urine, which was a prominent and distress-

ing symptom, disappearing after the operation. Seen by Mr. Tait six months later there was not a vestige of the tumor to be discovered. It had entirely disappeared.

A SIMPLE DISINFECTANT.—A cheap and simple disinfectant which promises to be useful is a solution of chloride of lead, which was first brought into notice by the late Dr. Goolden, of St. Thomas's Hospital, London. It is inodorous, effective, and its cost infinitesimal. It may be prepared as follows: Take half a drachm of nitrate of lead and dissolve in a pint or more of boiling water. Now dissolve two drachms of common salt in a pail or bucket of water, pour the two solutions together, and allow the sediment to subside. The clear supernatant fluid will be a saturated solution of chloride of lead. A cloth dipped in a solution of chloride of lead and hung up in a room will sweeten a fetid atmosphere instantaneously, or the solution thrown down a sink, water closet or drain, or over a heap of refuse, will produce a like result.

PUBLISHER'S NOTES AND ITEMS.

A medical certificate is among the treasures of the London general post office, worded as follows: "This is to certify that I attended Mrs. — in her last illness, and that she died in consequence thereof."—*Herald*.

A prize of \$550 is offered by the Royal Italian Scientific Institution at Venice, for a "statement of the hypotheses recently advanced by physicists on the causes of the phenomena of light, heat, electricity, and magnetism."

SUCCESSFUL TREATMENT.—Some of our most prominent physicians, among whom we may name Dr. John Morris, of Baltimore, Md., Dr. W. H. Caldwell, W. Va., Dr. Thomas J. Owen, Virginia, Dr. George E. Matthews, North Carolina, write they have successfully treated *Phthisis and Bronchitis*, when accompanied by indigestion, with Pow-

ELL'S BEEF, COD LIVER OIL, AND PEPSIN, a highly palatable combination, unquestionably nutritious, alterative, and digestive.—*Clinic*.

The trustees of the New York State Homœopathic Asylum for the Insane at Middletown, re-elected the former officers, Fletcher Harper, president. During the past year the third building was completed at a cost of \$150,000, adding 175 to the capacity of the institution, which can accommodate 400 patients, and is rapidly filling. Out of 360 treated during the year there were sixty-one recoveries, eighteen discharged improved, thirty unimproved, and fifteen deaths. Of 160 admitted, ninety-four are pay patients, and sixty-sx county charges. The receipts from the patients pay the entire expense of management and produce a surplus for improvements.

Dr. Joseph T. Evans, one of the oldest homœopathic physicians in this city, died at his residence, 30 East Thirty-first street, on Sunday, Dec. 18 h. He was born in Onondaga, N. Y., on Dec. 16, 1813. He was in early life a teacher, and after moving to this city became principal of one of the public schools. He then took up the study of medicine, and graduated as an allopathic physician in 1847. He soon changed to the homœopathic treatment, and became a partner of Dr. Freeman. He practised in the Seventh Ward until he moved up town in 1860. In 1870, while in the height of his practice, his health broke down from overwork, and he was an invalid ever after.

DR. J. MILNER FOTHERGILL ON USE OF MALTINE.—In order to aid the defective action upon starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter and mixes readily with the milk, gruel, &c., without interfering either with its attractiveness in appearance, or its toothsome-ness; indeed its sweet taste renders the gruel, &c., more palatable. A minute or two before the milky mess is placed before the child or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it, before it is placed on the nursery table, we should hear much less of infantile indigestion and mal-nutrition.—*London Practitioner*.

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ANTHRAX.

BY

J. E. JONES, M. D.,

West Chester, Pa.

A case of this disease of unusual magnitude has recently come under my care which to the general practitioner will be interesting.

Mrs. F., wife of a farmer, at the age of 70, was taken with a most violent fever, attended by a severe pain in the back of her neck, in the region of the third cervical vertebra. For three or four days she slept but little, and suffered greatly. On the second day a diffused redness, like to that of erysipelas, spread over the post cervical region, extending from the most prominent point of the occiput to the square of the shoulders, and from ear to ear, covering a space of nine by seven inches, or about sixty square inches. This was the size of the anthrax I found by measurement.

As the diffuse inflammation did not continue to spread, but speedily assumed the puffy swelling of a carbuncle, the diagnosis was soon confirmed, and a huge, swollen, doughy mass, showing the death of the cellular tissue, was the consequence. During the first four days the suffering was extreme, but under the action of Belladonna it gradually subsided, and long before the suppuration had obtained vent the patient was sleeping comparatively comfortably at night.

The prognosis looked forbidding. All of the best authorities are unanimous that death is the result when the unfavorable circumstances which surround this case are extant, viz.: at the age of 70, a short, heavy-set, phlegmatic person, not over four feet eight inches high, yet weighing about 200 pounds; weak pulse and of scrofulous

diathesis. The usual surgical treatment almost universally recommended in such cases is the crucial, deep incision, early in the attack. Owing to the age of our patient, her severe suffering, and the condition of her pulse, I hesitated about adding the huge open surfaces that the cross cuttings would necessitate to the extensive, severely inflamed and suppurating surfaces; so, on the subsidence of the pain, I abstained from the use of the knife, and by that decision, in all probability, the life of the old lady was saved. After the use of the Belladonna I gave her Apis³ for two or three days, but saw little or no effect save the checking of the extending inflammation.

Then Anthraxin³⁰ was used, but could not record any favorable impressions. Arsenicum seemed to do more for her case than any other single remedy. In the latter stages she received Hepar⁶ and ³⁰ and Mercurius¹.

When suppuration showed itself at points all over the doughy mass I injected two or three times a disinfecting solution into the small openings, which corrected the offensive odor of the dying tissues. It was not until the end of the second week that on the running together of the smaller openings, one large enough was made by which we could lift out the huge slough, of from fifteen to twenty cubic inches in size, leaving a hole in the back of the neck large enough in which to bury one's fist.

We then drew together with adhesive plaster the ragged edges of this large, open sore, the sides of which showed abundant and healthy granulations. Throughout the patient had good food, all she wanted, or rather could take, as she suffered much from dyspepsia.

She made a rapid recovery, with but little deformity from the cicatrix. One of the most wonderful re-

sults of the treatment of this case was the control, after the first two or three days, of the very severe pain and giving the patient comfortable sleep nearly all night without an anodyne in any form. The Belladonna was not in sufficient quantity to produce any hypnotism, as she never received over one or at most two drops of the tincture in a half-glass of water, and the dose of that was two teaspoonsful every two hours.

This case was so much of a curiosity that at various times I took no less than five physicians to see it, and all acknowledged it to be the most violent, most extended and severe anthrax they had ever witnessed.

A CLINICAL CASE.

BY

E. M. HALE, M.D.

Chicago.

In the January No. of the "HOMŒOPATH," under the heading—"Clinical Case," reported by a physician of Charlestown, Ill., is found the record of a case so similar to one recently treated by me, that I am prompted to report it. In "Medicus" case no post mortem was permitted. I was more fortunate.

My patient was a most excellent and accomplished physician. Dr. J. C. Moore of Chicago, a recent convert to Homœopathy, and for some time Clinical teacher in the Dispensary attached to the Chicago Homœopathic College.

Dr. Moore had suffered for a week with a slight, not very painful diarrhœa, due as he supposed to the bad influence of the drinking water,

which at that time was impure. One day while in his carriage he was seized with a severe crampish, spasmodic pain in the right side of the abdomen, just under the lower border of the liver. He hastened home and applied hot fomentations, took Nuxvomica and Colocynth, but obtained no relief. He was in great suffering all night; was alone in his room, and toward morning the pain became so agonizing that he took a hypodermic injection of one-fourth of a grain of Morphia. I saw him about 3 P. M. that day, and found him suffering the most intense agony, from paroxysms of spasmodic pain in the right side of the abdomen, extending to the region of the umbilicus. This was on the 6th of January. There had been no movement of the bowels for two days. He had taken a dose of Castor Oil, followed in three hours by an enema of soap and water. The bowels were slightly tympanitic, but not very sensitive to pressure. I prescribed Atropine 2 c. trit., 2 grains every half hour. At 6 P. M. no change. He had resorted to inhalations of Chloroform and was nearly beside himself with pain. I gave a hypodermic injection of 1-5 grain Morphia and 1-100 gr. Atropia, which relieved him but did not narcotize him. It seemed to me that his case was either one of strangulation of some portion of the intestine, or a congestion of the meninges of the lumbar portion of the spinal cord. The urine was nearly suppressed, there was pain and numbness of the feet, and no vomiting.

January 7, called in the morning; found he had taken two Morph. and Atroph. injections during the night, but was now out from under the influence of the narcotic, and the pain was as bad as ever, and had extended all through the abdomen. Prescribed Calabar Bean, 3 drops of the tincture every half hour. At 12 o'clock he

became worse, and as I could not be summoned, his old friend, Dr. Jackson (allopathic), was called in. He gave several enemas through a long rectal tube, but failed to bring away any fæcal matter. Ordered the Morphia and Atropia to be continued. In the evening we met in consultation, and as both of us were satisfied from the gravity of the symptoms that a strangulation of the intestine was present, we decided that the only relief obtainable was from narcotic treatment. We ordered the hypodermic injections to be continued.

From this date he grew worse. The tympanitis and tenderness increased. On the 10th vomiting of grumous, fœtid matter set in. On the morning of the 11th, the pain seemed to be better and the tenderness less. In the afternoon he had a passage from the bowels—an apparently natural, semi-fluid stool. In the evening at 6 p. m. he suddenly sank and died without any apparent pain. So far this case is very similar to the one reported by "Medicus," and the post mortem below recorded will doubtless throw all the light necessary to explain the nature of his case, and the futility of all medical treatment.

Post mortem, 18 hours after death : The small intestine, near the duodenum, was twisted on itself, and looped; bands of adhesion had formed in several places; the intestine above the obstruction was perforated in several places; and the contents had escaped into the peritoneal cavity, causing general peritonitis.

ANOTHER REPLY TO "MEDICUS."

As "Medicus" asks for comments and criticism let me suggest that from his account of the case, it was *the morphia that killed him*.

Taking the case as presented the right prescription would apparently have been Opium high (say 200th.) and alternated with—nothing. Had that been given and the injections omitted the ileus would have subsided, the vomiting would have ceased, the bowels would have moved naturally, and the patient would not have died.

A similar case, but with retracted and knotted abdomen was cured last Summer by Plumbum 30. In this case the vomiting of fæces had continued for thirty-six hours and was most distressing. The bowels had not moved for two weeks. Yet in twelve hours the bowels moved naturally and all signs of vomiting or even nausea had disappeared.

GEORGE W. WINTERBURN.

360 West 23rd Street,
N. Y. City.

MASKING THE ODOR OF IODOFORM—Moseitig recommends the *Tonka bean* for this purpose, which owes its peculiar pleasant odor to the presence of cumarin. It is said that *one* bean, whole or split, when added to 150-200 gm. (5 to 7 oz.) of iodoform, is sufficient to permanently deodorize the latter. For small amounts only a drop of the alcoholic or ethereal tincture of tonka is required. The antiseptic effect of iodoform is thereby not in the least interfered with.—*Wein Med. Bl.*

CASE OF POISONING BY ARNICA.

BY

T. HAHNEMANN HALE, A.B., Lond.

On July 16th, 1881, I was called to see Mr. ———, a strong, healthy man,

his chief weakness being rheumatism, and a strong susceptibility to the action of *Arnica*, which many years ago laid him up for a long time. He is one of a family of three, and is thirty-eight years of age. One of his sisters has the same susceptibility to *Arnica*, while the other is not affected by it. His grandmother on his father's side was subject to erysipelas. His father is dead, and his family do not know if he was susceptible to *Arnica*, as he never was exposed to it. Mr. ——— himself has never had erysipelas, except from *Arnica*.

The following is the case as it occurred and went on day by day:

July 16th.—Thirty-six hours ago Mr. ——— came home after being out with his dogs, sweating freely; one of his dogs was lame, so he bathed its leg with a lotion of *Arnica* (about twelve drops of the mother tincture to a gill of water). He held the dog's leg in his left hand, and took a sponge and let the lotion run from the sponge over the leg, so that it ran over his left hand and between the fingers, and dropped off from the back of his hand. This was on the evening of July 14th. The next day he felt quite well, but noticed a few little vesicles between the fingers of the left hand, and in the afternoon, after being out in the sun a good deal, he noticed that the face around the eyes was a little red and swollen, and this morning, thirty-six hours after the inoculation with *Arnica*, his state is as follows: There is much swelling and redness under the eyes and about the cheeks; also of the eyelids, and on the forehead, and behind the ears, and down into the beard. The skin of the affected parts is pale red and covered with minute vesicles, which on the alæ of the nose have become little pustules, and some have burst and run, and formed little crusts. He says the

swelling is spreading fast. The skin is in the same state exactly between the fingers of the left hand, and in a line running from the first interspace along the back of the hand to about the middle, where the *Arnica* seems to have dropped off. There are a few vesicles between the fingers of the right hand, which look very like commencing scabies. There is nothing to be seen anywhere else. He seems quite well in himself; sleeps well; no headache; pulse 84, firm and regular; appetite good; tongue clean; bowels all right; urine clear. *Treatment: Collodion Flexile* applied to face. *Rhus Tox.* 3 every two hours.

July 17th.—Face not so swollen, except the right lower eyelid, which is very œdematous, red and swollen (this was the only part of the face where *Collodion* was not applied). The little vesicles have also gone down, except behind the ears, where they are well marked. There are large blebs between the fingers of the left hand, one of which has burst. The blebs seem very superficial, and the bases are scarcely red, and no inflammation round them. Patches of small vesicles have come out on both anterior surfaces of the wrists and on the legs; the skin around the patches is a pale red color and slightly swollen. The line on the back of the hand is beautifully marked out with little vesicles. Constitutionally he is quite well. Pulse 78, regular; temperature 97.8. Repeat *Rhus*.

July 18th.—The face is better, and the rash has not spread on the legs or wrists, but immense bullæ have arisen between the fingers of the left hand, and are commencing on the back of the hand, and on the right hand. The one that has burst exudes large quantities of serum, and over the places on which the serum runs little vesicles arise. Opened one large vesicle and covered it with *Collodion*

except over the opening; left another large one untouched. He is keeping all right constitutionally.

July 19th.—The rash on the face, legs and wrists is dying away, and the face is not so swollen. But on the hands all the vesicles that were moderate in size yesterday have become immense bullæ, and the one that was left unopened has burst. The bases of the bullæ are a little inflamed, and the whole of the left hand is swollen. All the little vesicles seem to be increasing in size. The place on the back of the left hand, over which the *Arnica* ran, is now one immense pear-shaped bulla, with the large end where the *Arnica* dropped off. The bulla that was opened and *collodioned* is by far the most comfortable and less inflamed. Repeat *Rhus*, and all the large bullæ opened and *collodioned*, except one place to let the serum out.

July 21st.—The face looks natural, and almost all signs gone from behind the ears; also those on the wrists and legs have nearly gone. No new vesicles have formed on the hands, but those that were small two days ago are rather larger, but not tightly filled with serum. The rash is dying away everywhere, and the patient seems all right. He wrote to say that in two days he was free from the rash everywhere.

To sum up the chief points of the case. The solution of *Arnica* was very weak, and merely ran over the unbroken though perspiring skin of the hand, but some was absorbed and got into the system, for a rash broke out on parts at a distance from the local application. The rash arising on the parts touched directly by the solution of *Arnica* exactly resembled the rash set up by the constitutional action of the *Arnica*, but varied in the degree it went on to. The character of the rash was first erythematous and vesicular and then bullous,

but on the nose it was inclined to be pustular, forming crusts, and in the first attack this patient had from *Arnica* the face was covered by one large mask of purulent crusts.

Though *Arnica* was present in the system, it only affected one organ—the skin. Another point might be mentioned—viz., the opening of the bullæ; those which were opened and *collodioned* as soon as they got tight did far better than those which were allowed to burst and then *collodioned*. —*Hom. World*.

VACCINATION.

BY

E. W. BERRIDGE, M. D., LONDON.

Dr. Hand's article on the *original* mode of vaccination are of great importance. But I should like to know what vaccine the Russians use, which he says has proved so successful. Whatever Jenner's *original* vaccination may be capable of, the present mode of vaccination seems nearly worthless, for epidemics of variola prevail, and vaccinated persons are pitted and die. But is it true that syphilis has *never* been communicated by vaccination? I have read cases thereof in the medical journals. Probably the *pure* vaccine would only communicate vaccinia, but if any of the blood is drawn with the lymph, syphilis might be communicated. Contrary also to Dr. Hand's experience, I *have* seen vaccination produce ill-effects other than merely local inflammation. His remark that Dr. Jenner used *Tartar emetic* in variola on homœopathic principles is of great interest. But if the "minutest doses of *Antimony*" protect against variola, why not adopt this plan instead of vaccination? *Vaccinia* is a powerful

morbific agent, and in sensitive persons may produce much harm. Potentized vaccine has proved curative and prophylactic; so has potentized *Variolinum*. Recently I attended a case of variola, the patient after five days being removed to the hospital. The sanitary arrangements of the house were defective, and isolation impossible. Three doctors (ALLOPATHS) had refused to attend; one because he was an accoucheur, and the other on account of his children! In this small house, besides some vaccinated children and adults, there were three unvaccinated children, and one unvaccinated adult, the latter being horribly frightened lest she should catch the disease. I gave all a few doses of *Thuja*. Not one took the disease, even in the midst of the last epidemic.—*Ibid*.

**A CONTRIBUTION TO THE PATHO-
GENESIS OF CICUTA VIROSA
(WASSERSCHIERLING.)**

BY J. C. BURNETT, M. D.

When lately reading *Beitrag zur Geschichte und Pathologie des Albinismus partialis und der Vitiligo und uber Nigrismus*, by Dr. Hermann Beigel, Dresden, 1864, I came, at page 24, to this: "Finally, from my own observations, I can relate the case of a shoemaker, thirty-six years old, who had poisoned himself with *Cicuta virosa* (*Wasserschierling*). On my arrival he was in a terrible state of excitement, singing and yelling (*tobte*), his face very flushed, his eyes glaring and staring about, pupils very much dilated, pulse very rapid. It required large and repeated doses of *Tartar stibiatus* to produce vomiting. The next day the patient was quite conscious, but weak, and felt irritation in the throat, ringing in the ears, and

everything seemed to him to be shiny (*glanzend*). In about a week he was able to go to his work as usual, but the ringing in the ears had not quite ceased, but all the other phenomena had disappeared. About five weeks after the poisoning, he noticed that the greater part of the skin of his chest had become much darker than the rest of his body. I saw this change in the color of his skin about three weeks after he had first noticed it, and I found the greater part of his chest colored rather dark brown. As far as I could learn in the sequel, this pigmentation remained unaltered both in extent and intensity. The ringing in the ears had gone, but had left a slight degree of deafness behind it, so that, in order to understand, the man had to be more attentive when he was spoken to than before this poisoning."

**HOMŒOPATHIC MEDICAL SOCIETY,
N. Y. COUNTY.**

NEW YORK JANUARY 11th, 1882.
—A stated meeting of The Homœopathic Medical Society of the County of New York was held in The Ophthalmic Hospital Building this evening. President E. Carleton Jr., M. D., in the chair. There were seventeen members present. Minutes of preceding meeting read and approved. The names of the following gentlemen were offered for membership. H. W. Coffin, M.D., 244 E. Broadway, by Drs. Carlton and Lilienthal, E. D. Franklin, M.D., 331 W. 14th st. by Drs. Cowl and Doughty. The names of Drs. C. W. Cowell, C. H. Macy and George H. Wellman having been reported favorably by the Executive Committee they were duly elected.

Committee on selection of proper place for holding meetings of the

society reported that the society could use the adjoining throat room, and was discharged.

The Secretary then read the list of Bureaux as appointed by the chair.

The President E. Carlton Jr., M. D., made the following remarks.

Colleagues: As no bureau reports at our January meetings, considerable unappropriated time remains after the transaction of routine business. We have been accustomed to spend this time in various ways. This year, members have been invited to report verifications of remedies and clinical cases. I will now make my contribution. The case which is offered for your consideration and discussion, was briefly referred to in my last summer's report, as visiting surgeon, to the Medical Board of the Homœopathic Hospital on Wards Island, and is now fully written out.

ACUTE MORTIFICATION OF
BOTH FEET; SYNCHRON-
OUS DOUBLE AMPUTATION:
RECOVERY WITH PERMA-
NENT RETENTION OF AR-
TERIAL LIGATURES.

Anna Eggleston, colored, aged 37, native, laundress, married, admitted to Ward's Island Homœopathic Hospital July 21, 1881. Diagnosis: Acute mortification of feet.

Patient says that she had both feet frozen when seven years old. Then they became so large and sore that pus and blood escaped. She was not allowed to treat them properly, but while suffering from the immediate results of frost-bite was compelled to walk in snow and ice, which produced great pain. She was unable to get them into her shoes. With this usage her feet continued in a painful con-

dition for two years, sometimes breaking out in sores and sometimes comparatively sound. Since that time the vitality of the feet has been so low that they have been several times frosted, more or less, from a moderate degree of cold only. During the past year and a half, they have been so lifeless that even in summer she would be obliged to heat them frequently, and often to sleep with them in an oven. She could scarcely wear a shoe, yet she must stand nearly all day, being constantly occupied as a laundress.

Two months ago she was taken with vomiting and purging, from unknown cause. This morbid action continued for two weeks, she being under medical treatment at the time. She says that the evacuations were green and lumpy, like peas; the vomited substances, too, were usually green, but sometimes yellow and very bitter. Immediately after the cessation of vomiting the feet began to increase rapidly in size. About this time she noticed that both great toes were changing color, and were the seat of severe, lancinating pain. Then they lost their tactile sensibility, and became black and cold. The pain extended upwards, was worse in the ankles, and aggravated by motion of the feet, but was not felt above the ankles. About one week after the feet began to swell blebs appeared as high as the ankles, and, when ruptured, blood and pus escaped from them. Ulceration and sloughing followed, and the sores became maggoty. Death of the tissues progressed rapidly. The line of demarcation was followed by separation about two inches above the malleoli. Purging continued until within one week of admission to the hospital. Her general health, when admitted, was better than it had been for some time previous. She has received nourishing

food, but no so-called stimulants or tonics.

Present condition: Both feet are entirely dead. Natural amputation is nearly complete to the bones, about two inches above the joints. She suffers no pain, except at the lines of separation, and there it is severe. The parts are verminous to a high degree. Circulation is good above the sloughs. Appetite and digestion good; does not sleep well on account of pain.

In view of the long sickness and loss of fluids, and the blebs followed by dark sloughs, with sharp pain and heat, *Cinchona* is plainly the right constitutional remedy. The thirtieth is put in water and a teaspoonful given every two hours. Extra diet ordered. The maggots dispossessed and the patient made as comfortable as possible, the sores being dressed with a solution of *Permanganate of Potash*, which is agreeable to her, while at the same time an effectual disinfectant, odorless, and innocent of creating a new (drug) disease. Our wards do not suffer from *carbolicism*. She knew that amputation must follow at the right time, and is anxious to have it done as soon as possible. She is cheerful and hopeful.

July 23d. All being ready, complete anæsthesia was produced by a mixture of one-third chloroform and two-thirds ether, which has worked well in my hands, combining the good effects of both drugs without any bad symptoms. I decided to make a synchronous double amputation, standing on the inside of each limb, contrary to the old custom of standing on the inside of one and outside of the other. The proposed method seemed to me more feasible.

After both legs had been exsanguinated and circulation withheld by means of the Esmarch apparatus, and

both rotten extremities covered with muslin, I grasped the right ankle with my left hand and made antero-posterior flaps with my right hand; while an assistant supported the leg. The anterior flap was made by cutting from without inward, the knife being drawn from me. The posterior flap was cut from within outward, the handle being on the inside of the leg. The saw passed at the junction of the middle and lower third. I like Gross's method of sawing off the sharp corner of the tibia and slicing away the muscular portion of the posterior flap. Having done this, I faced about, grasped the left leg near its middle with my left hand, and amputated with my right, while the assistant supported the ankle. The flaps were fashioned as before; but the handle of the knife was on the inside of the limb for both flaps.

I have described the amputation minutely, because the method pursued proved as convenient as I had anticipated, and those of you who have amputated will appreciate the advantages gained to the operator—ease, precision and speed.

The three principal arteries in each stump were next tied with waxed silk, the limbs elevated, and the Esmarch bandage removed slowly. Not more than one ounce of blood was lost. Reaction from the anæsthetic was perfect. The patient was put to bed, the flaps widely separated and covered with pieces of patent lint saturated with *Calendula* and water, one to fifty, for one hour. This drug was applied because of its well known healing powers upon clean cut surfaces. Then the flaps were approximated, secured by silver sutures, supported by adhesive strips, and placed on pillows. *Calendula* and water dressing continued. There was no appreciable shock. Evening temperature $103\frac{3}{4}^{\circ}$, pulse 120, full firm and

strong. Medicine continued, and generous feeding enjoined, as the patient said she was hungry. Quoting freely from the house records, the subsequent history of the case is as follows:

July 24th. Pulse 112, soft, weak and small; temperature 100° throughout the day. Patient had a comfortable night sleeping most of the time. Wounds in a healthy condition, discharge slight, consisting of blood-stained serum. Treatment unchanged.

July 25th. Pulse 112, full and moderately strong; temperature, a. m. 99° , p. m. 100° ; passed a comfortable night, feels very well to-day, has no pain and is very hungry: Legs placed upon padded posterior splints, to prevent flexion of the knees, and patient put upon a water bed. Treatment unchanged.

July 26th. Pulse 112; temperature $99\frac{1}{2}^{\circ}$ in a.m., 102° in p.m.; doing nicely; slight discharge of laudable pus; flaps uniting. There being no complication, everything progressing favorably, and no further need of *Cinchona*, it was stopped. Then it was reasoned that *Calendula* was clearly indicated for the wounds, as before. Experience having taught me that the internal administration only of this drug, in potency, would often produce results more rapidly than the local application, we put the thirtieth in water, and gave a teaspoonful every three hours. Water dressings applied.

July 27th. Pulse 112; temperature 100° in a. m., 102° in p. m.; wounds healing rapidly. Treatment continued.

July 31st. During the past four days patient has progressed rapidly. Pulse and temperature about normal, stumps forming fast, slight discharge of laudable pus. Treatment unchanged.

August 1st. Stitches removed; stumps in fine condition and supported by strips. Patient's general condi-

tion excellent. Remedy continued two days more and then to be stopped, as there is now little remaining for it to do.

August 15th. Flaps all healed up. All but two of the ligatures have come away, and they remain firm.

September 1st. The stumps are looking beautifully. The two ligatures remain, and defy traction carried to the limits of prudence. Patient has a troublesome loose cough, caused by the damp night air blowing upon her; expectoration greenish; relieved by sitting up. Right lung dull on percussion; and auscultation gives mucous rales. Prescription: *Dulcamara*, two hundredth, every three hours.

This was the last medicine given or required. She remained in the house some time longer, waiting for the threads to come away, but my minutes at hand do not show the date of dismissal. Finally, there being no prospect of dislodging the ligatures, as they resisted traction, and seemed to be incorporated with the flesh, in close contact and quite healed, they were cut off close to the stump (it was the left), and the woman left the house.

Looking at the case in review, I would remark, in the first place, that the patient's cheerful, hopeful frame of mind bore in the right direction. It was quite unexpected, as my experience with her race has been that they give up completely in the face of serious illness.

Why did the ligatures remain? I should like to hear from our pathologists as to that. Why did not the ends of the arteries give way? Was it because circulation continued through the loops of thread where they were tied? That seems incredible, for the threads were drawn and knotted tightly. My own impression is that union with the adjacent tissues

occurred almost immediately, by means of the latter's blood vessels, and that the constricted portion became a dry, cord-like substance. But this is speculation.

The medical treatment of surgical cases is very important*, often, in fact, deciding which way they shall turn. I believe it was so with this woman. Had she been given *opium* to relieve pain, her chances of rallying would have been small. If "*stimulants*" and "*tonics*" (Oh! Father of Lies, you must be an allopath!) had taken the place of the appropriate homœopathic prescription (the only real tonic, so far as drugs are concerned—the provision stores must supply the rest), our special pathologist no doubt could have "posted" to his heart's content. Every prescription was made as nearly similar to all the symptoms as possible, and it was gratifying to see the reactions against them.

The superiority of *Calendula* dressings over "*Listerism*" was abundantly demonstrated. Here was a patient in a full hospital in the most septic month of the year, her own limbs putrid, septic influences around her, undergoing amputation of both legs without any *carbolic* spray, and no *carbolic acid* used in the dressings afterwards. She escaped "carbolism," and the flaps healed quickly and uninterruptedly under *Calendula*. It is interesting to watch the twistings and turnings of our old school brethren. "*Listerism*" was lauded to the skies by the headlong multitude, but the leaders are changing tune, and the rest will soon follow. I cannot more appropriately close this paper, than by making a rather long quotation, which fits well in this connection, from an eminent physician* writing an account of the meeting in London

last summer. He says:— * * * Finally came Mr. Keith to close the discussion. Never in the history of surgery did a few modest words make such a recoil in the "currents of expectant thought" as his that I shall relate. It has been said, as was repeated by Volkmann and Kuget in this discussion, that intraperitoneal surgery was the "touchstone of Listerism." Prof. Keith has been quoted the would over, again and again, as not only a warm disciple of Lister, but as illustrating in his remarkable success in ovariectomy, *more than any other surgeon*, the value of the antiseptic, or rather, the Listerian method. No one can deny this.

So slowly were his few words uttered that I can almost repeat every one *verbatim*.

You can imagine the effect much better than I can describe it when he said that for several months past he had "abandoned the antiseptic treatment altogether." "True," he said, "I had eighty successive recoveries under Lister's method, and *stopping there* it would be a wonderful showing. *But out of the next twenty-five I lost seven.* One died of acute septicæmia, in spite of the most thorough antiseptic precautions; three of unquestionable carbolic acid poisoning; one of renal hemorrhage." He went on to say that out of the eighty consecutive cases (or rather he said at first) many came too near dying; that a large number got a high temperature—105°, 106°, 107°, F.—the evening following the operation; but, he said, "they happened to pull through." He then said that since he had for four months past abandoned the antiseptic method, and relied upon perfect cleanliness, care in controlling hemorrhage, and thorough drainage, his cases were giving him much less trouble, and he was getting more satisfactory results.

* Prof. W. W. Green, in *Medical and Surgical Journal*.

He now stopped for a few moments, hesitating, as he must have realized the importance of his words, knowing that the whole world—surgical—was lending a “listening ear” to his utterances. The silence was “audible.” Then he raised his head, and looking his audience squarely in the face, he said, “Gentlemen, I have felt it my duty to make these statements, *for they are true*,” and he took his seat.

I shall not attempt to describe the applause nor the effects of his statements. Prof. Keith, by the way, told me privately that he almost died himself from using the carbolic acid so much. He got renal hemorrhage and debility to an alarming degree. He said, moreover, that he never had great faith in it, and should not have continued its use so long—I mean the “Lister” method—but for the fact that so many eminent men were carried away with it; and if, after his remarkable series of cases, he had changed, and lost seven out of twenty-five as he did, without Listerism, all the world—he himself—would have attributed the result to the change.

One thing is certain: Mr. Keith's statements, in connection with those of others, and *his own experience*, put Mr. Lister in a very unpleasant position; for he was put down on the programme to close the discussion on the treatment of wounds to secure union by first intention, which took place on Monday, the 8th inst. Although four days had elapsed, he had no answer. To show how deeply he was impressed by all that had been said, he began his remarks, which were extemporaneous instead of written, as was expected, by saying that he had never admitted that abominal surgery was the “touch-stone of Listerism,” and to the surprise and dismay of his followers went on to argue

that, with the rapidity with which wounds of the peritoneum heal, and the remarkable absorbing power of that membrane, and therefore its ability to take care of its exudates, “he doubted very much” whether, in the hands of a skillful, careful operator, it was not better to dispense with the antiseptic plan.

I realize how important are the statements I am making, and lest some of your readers may think that they are open to criticism as to accuracy, I will say that I sat near enough to hear every syllable uttered, and I pledge my honor as a man and surgeon for the absolute accuracy of every statement, thought I took few notes.

Then, seeming to realize the danger of admitting such wonderful absorbent qualities to the peritoneum, he went on to say that he had recently made some experiments that surprised him very much, which proved that serum or bloody serum was “a very poor soil for the development of germs from contact with air-dust, and that blood clots were still more sterile. Indeed, it was very difficult to make them grow or develop at all, unless diluted with water.” By the way, he declared he had witnessed free-cell development in a blood clot. And these remarkable facts, said he, “at once call in question the necessity of the spray.”

He then went on to say that he was not yet ready to give up the spray, but if simple irrigation or lavation should prove as good, he would say, “*Fort mit dem spray*,” and he further said, “I am not certain but I shall give it up. I am not at all sure but that before the next meeting, two years hence, I shall have abandoned the spray altogether.” (His recent house-surgeon says that he has lost all confidence in its utility).

As to carbolic acid, he said, “I am

forced to admit its unfortunate character." That was all; not a word about oil of eucalyptus or any other substitute. He kept referring again and again to abdominal surgery, but his manner showed to everybody that he was upset.

He gave no statistics, no large comparisons as was expected by his disciples. He referred to the excellent results in two cases of recent operation, saying that "I could hardly believe that I should have got such results without the antiseptic plan; I did not before I used it."

And this is the fault that the best surgeons here find with him. They are all ready and glad to give him or any other man credit for all he has really done, and they all admit that Mr. Lister has done much to improve surgery, especially German surgery. I need not explain. But they very properly say, "With his unprecedented opportunities, both in his own practice and in that of his host of followers, why don't he give us large and complete statistics? Instead, he only gives either isolated cases or a small group of successful ones, such as may be found under almost any plan." I quote one of London's most eminent and fair-minded men.

It was curious to watch the effect of the thing. I have alluded to the impression produced by Keith's remarks. As Lister was speaking, one of his ardent admirers—I mean an admirer of his mode of dressing; I am not discussing the man, who is an earnest, hard-working, accomplished gentleman—turned to me and said, "My God, I would never have believed Professor Lister would have admitted that." Another said, "Well, if Lister abandons the spray and carbolic acid, giving us no substitute, where is 'Listerism?'" We had drainage, we had animal ligatures, we had air-proof dressings, before." And so on. Every

little group of surgeons was discussing the matter; those who had never accepted the Listerian method being quite as much surprised as its warmest adherents.

"Mein Gott!" said a German whom I did not know, "Lishtereism ish tod. Fort mit dem spray? Fort mit dem acid carbolique? Was giebst zubleiben?"

REMARKS.—Dr. Doughty had seen one case where ligature remained,—in a case of amputation of a breast which was retained for two months, the doctor thought the retention was occasioned by live tissue being left in the loop of the ligature.

Dr. Cowl had observed in a similar case the retention of the ligature applied to a vein—, for a period of more than two months.

Dr. Carlton said he had found cider vinegar to thoroughly antidote the caustic effects of carbolic acid when applied to the skin and advised its free application to the burned surfaces.

Dr. Doughty related a case of blistering from Pond's Extract.

Dr. Clemence Lozier had found vinegar to relieve the pain produced from the application of mustard.

Adjourned.

F. H. BOYNTON, M.D.,
SECRETARY.

LUMBAR ABSCESS.

BY
F. L. DAVIS, M. D.,
Evansville, Ind.

On the 8th day of April, 1880, the writer was called to see Miss E. W—, aged 22 years, complexion light, figure round and plump, size below medium, American born of English parents. She had high fever, pain in right lumbar region, pain in liver, pain in extremities, especially right leg, entire length, with inclination to flex the leg.

She had, a day or two before that

time, when dressing to attend a church entertainment, used extra force in lacing her clothing. Result, a faint, a fall, a scene in the church, and she complained of a "hurt back." Fever followed with the symptoms first named, fever continued, remittent type, patient very nervous, and loss of appetite for several days, which then only returned slowly. She was given, in the order named, Acon., Rhus tox., and Bry., which only served to modify the symptoms.

The right lumbar muscle had been constantly sore from the first.

Obscurity marked the case from the beginning, till on May the 11th, a marked swelling immediately over the sore spot was noticed. Now gave Lachesis 4x and Cal. carb. 6x alternate every three hours, and ordered poultices applied. Lachesis removed the constipation, and the Cal. carb. also helped to mature the abscess, and after much suffering on May 19th I opened the abscess, which, for the first time, gave evidence of being ready for the bistoury. At least one pint of healthy pus was discharged.

Applied compress secured by "Rubber Adhesive Plaster" and bandage; kept the wound open, changed dressings daily for about one week. Then, as the secretion of pus lessened and the swelling abated, I only visited patient every second or third day, and at the end of about 14 days the pus ceased to flow and the wound healed kindly, but the Laches. and Cal. carb. as above named was continued for at least one month longer. Appetite returned; the secretions were normal; and as soon as the patient was able to stand on her feet it was noticed that the right leg was about two inches shorter than the left.

Here was dislocation of hip joint caused by contraction of the muscles. The patient was placed in a sitting position on a chair; and while an as-

sistant, by placing the arms around the body, held her firmly to the chair, I took hold of the limb and, by manipulation and extension, reduced it.

With the exception of a little tenderness at the place where the abscess formed, which is only occasionally felt, the patient has remained well.

CURE BY HYDROCYANIC ACID.

BY

DR. JOHN MOORE,
Liverpool, Eng.

Mr. Henry A., aged 39, of bilious temperament and dark complexion, consulted me on the 25th of April of this year. I knew him for several years, having attended his parents, who were of the better middle class of society. He is married, of very temperate and regular habits. He has suffered for many weeks from attacks of sickness, in which he throws up all his food. These attacks come on in the evening, about two hours after a late dinner or a meat tea, which he has occasionally instead of his dinner. The attack is accompanied by great acidity, and sometimes—*not* always—is *preceded* by rising up of quantities of water in the mouth, like waterbrash. Bowels are regular, and he feels pretty well through the day, and follows his usual calling. He has lost a stone weight since the occurrence of these attacks, and feels uneasy in consequence. From the above category of symptoms I feared the existence of organic disease of the pancreas or duodenum, perhaps incipient cancer. However, I struck out on the acid tack, as acidity was constant and persistent, the three predominant symptoms being vomiting, acidity, and waterbrash, all of which are found in the scanty provings of the *Acid Hydroc.* Prescribed accordingly No. 1

of the *Acid Hydroc.*, about a quarter of a drop for a dose every four hours. Patient returned in nine days, stating he had only one or two returns of his sickness (and those he accounted for by irregularities in diet), that he felt greatly better in every respect. To continue medicine. Returned in three weeks, stating that he was quite well, and desired to pay his fee, to which I offered no objection.

It may be asked, Why select this acid in preference to some others? I reply, that this acid has special relation to the duodenum and small intestines, and this sickness seemed to arise from the second stomach or second process of digestion; that the symptoms had not either the throat-burning characteristic of *Oxalic* nor the yellow skin indicative of *Nitric Acid*. Perhaps a vegetable medicine in harmony with the symptoms might have done equally well—say *Byronia* or *Pulsatilla*, but if I remember the patient had already tried the ordinary medicines, and it must be admitted that a profounder action characterizes most of the acids and acid salts than that of the vegetable medicines in chronic affections of the stomach and intestinal canal. It is a nice point, and worthy of our serious attention; when we fail with the vegetables look out amongst the acids and salts.—*World*.

MEDICINAL TREATMENT OF CANCER.

BY C. RANSFORD, M. D.

Included in all the varieties of carcinoma referred to in the somewhat fanciful name of cancer, I shall mention in this communication other malignant ulcerations deemed incurable by most allopathic practitioners. All mentioned are *malignant*; some cura-

ble in their early stage, others admitting only of palliation.

The case published in a previous number would probably have been cured had it been brought earlier under proper treatment. *Silicia 12* and *Conium* tinct. were attended by very beneficial results, but the cancerous dyscrasia had too long existed. Despite these serious drawbacks, and the co-existence of pleuro-pneumonia, the poor sufferer's discomfort was diminished and her life prolonged. It is scarcely necessary to state that the totality of the symptoms must determine the choice of the remedy. I hold very strongly an opinion that the different tissues affected—the mucous, serous, glandular, or fibrous, etc.—require different medicines for apparently the same disease, such as either *Hydrastis*, *Arsenicum*, *Belladonna*, *Kali Bichrom.*, *Graphites*, and others. For example, carcinoma of the uterus, or of the lip, or of the scrotum—these cannot be successfully treated by one and the same medicine, but each organ and tissue must have that specific remedy which acts the best upon the particular tissue, be it fibrous, glandular, mucous, or serous. I now act upon this principle, rather than confine myself to one medicine even of repute, in malignant disease, to all tissues alike.

I will relate a case of lupus exedens, or phagedenic ulceration, as some have called it. The subject was a gentleman eighty years of age, who had passed the greater part of his life in the Indian civil service. With the exception of two attacks of Asiatic cholera, his health had been good. I first saw him at Upper Norwood, in 1862, suffering from dysenteric diarrhœa, from which he made a good recovery; but some weeks afterwards he complained of acute pain in the right nostril, with ulceration and a fœtid discharge. No adequate cause could

be assigned for its existence. The pain was often so violent as to make the patient groan. Much disfigurement was caused by the destruction of the nostril. I suggested another opinion, as the phagedenic ulceration was extending upwards, and his health suffering from want of sleep. Sir James Paget saw the case, but only suggested keeping the parts clean. An old friend of his, Dr. Sanderton, who had treated my patient in India (allopathically), met me in consultation. He was of Sir James Paget's opinion, that nothing could be done in the way of cure. Thrown upon my own resources, I prescribed *Kali Bich.* 3, and the same remedy to be sprayed upon the nostrils. The result was most gratifying. Within a few days the ulcerative action was checked, pain and discharge ceased. At my request Sir James Paget again saw the case, and allowed it cured. The old gentleman lived for several months after this, and at length died of pleuro-pneumonia.

Mr. James Moore, M. R. C. V. S., a successful practitioner, has had equally good results with cattle in similar affections. I now never pronounce cancer nor malignant ulceration incurable under homœopathic treatment. Collect the totality of the symptoms, prescribe the medicines the most allied to this totality, and I believe that much more may be done for the cure, or greater relief be afforded the sufferer, than is generally believed. I forbid the knife, escharotics, and irritating applications. As a rule, stimulants are hurtful.

It is believed by many that rupia and eczema are frequently forerunners of malignant ulceration. Two fatal cases commencing in the nipple as rupia, extended to the mammary gland, but soon assumed a malignant aspect, over which *Hydrastis* had no power. Death was the result of hemorrhage and exhaustion.

Fifty years ago, whilst a dresser in the British Infirmary, I had charge of an old man with epithelial cancer of the lower lip, commencing as a small hard spot, then becoming a scabby ulcer, attended with great pain. *Arsenic*, in the shape of Fowler's solution, was of some service, but as the poor man's sufferings were great for many months, excision was practised, the only result of which was a quicker termination of his life.

My conclusions are these : Make an early diagnosis, careful selection of remedies, and avoid all irritating applications, for cancer will *never* yield to local applications. Many non-malignant tumors and ulcerations do so yield, but cancer *never* does ; in fact my experience leads me to the conclusion that it is far better to leave cancer alone than to apply anything if not of a specific nature.

A cure is scarcely possible where the knife has been used. No scirrhus nor cancer has ever been cured by an operation, and when such a cure is said to have been effected, the operator mistook a simple glandular swelling for a schirrous induration.—*Ibid.*

STATIC ELECTRICITY AS A GALACTAGOGUE.

BY

WM. R. D. BLACKWOOD, M.D.

'The question "Is there a true galactagogue in our materia medica?" has not yet been definitely answered in the affirmative beyond the possibility of contradiction. From time to time we have been favored with articles—good, bad, and indifferent—in the medical press, by authorities more or less reliable, in which the claims of numerous articles are set forth with much plausibility, greatly to the relief of the general practitioner, whose ef-

forts to rescue the new-born from the perils and discomforts of bottle-feeding or "bringing up by hand" have not been successful even through the aid of the specialist now apparently on top of the struggling pile,—the obstetric expert and master-gynæcologist. A short experience only serves to disabuse his mind of the idea that relief has at last been found, and his patients are no better off than before the new drug was tried.

During the last twenty years I have, in common with all physicians who have been compelled to attend many lyings-in, had my share of trouble both in getting the mammary glands to work when they were sluggish and in keeping them at it when previous anæmia or post-partum hemorrhage and other accidents of labor had lowered the blood-pressure and consequently checked the free secretory action. Not a little blame is given the medical attendant by intelligent people when he least deserves it under such circumstances; and should the infant succumb to a hot summer or choleraic diarrhœa whilst under a year or eighteen months old, he will be quite likely to lose caste not only with that family but with the neighbors as well. It is therefore desirable that renewed effort be made towards solving this knotty problem; and, with a desire to contribute my mite in this direction, I give the following cases briefly for what they are worth.

Mrs. D. T. was attended by myself in her second and third confinements, both of which were normal and approximately easy. She had experienced great difficulty in nursing her first and second infants from lack of breast-milk, for nothing that had been tried in the way of domestic or professional effort produced any good effect; and the children were with difficulty carried over their second

summer. She was extremely anxious on approaching her third confinement, that the former difficulty, should if possible, be averted, and to that end she was well fed and toned up, in the latter period of gestation, in the hope that with enriched blood she would turn over a new leaf. She completed her labor with little trouble, and in two days thereafter a good flow of milk set in, much to her satisfaction. In a few days, however, the amount began to decrease, and by the close of the second week she had barely enough to serve the infant at night, the bottle being demanded during the day. My previous attempts towards remedying the difficulty left me a slim margin on which to work, but, having under treatment at the time a patient to whom I was applying statical electricity for nervous disorder, I suggested to her the possibility of awakening the dormant glands by the use of this agent. She was treated by passing sparks through the breast daily, and a few applications only were required to prove the value of the procedure. In ten days after beginning treatment she had a plentiful flow, and it persisted till the weaning of the baby, which thrived very much better than did its predecessors under hand-feeding.

Mrs. R., confined for the fifth time in seven years, had always been troubled with a scanty supply of milk for the whole period of nursing, but the difficulty was more pronounced during the earlier weeks of lactation. The deficiency in her case was apparently due simply to torpor of the mammary glands, as she was a well-developed and healthy woman, with good appetite and regular habit. A long list of regular and domestic remedies had been exhausted in her case, without real benefit, and she willingly submitted herself to treatment by Franklinism, which was to her quite disagree-

able, contrary to the general rule. She reacted under the current decidedly from the first, and at the end of a month had a full supply of milk and a much firmer and larger mammary gland on both sides than before, although during the treatment at least three times more attention was paid to one side than to the other, merely as a matter of experiment. The flow was constant during the full nursing term, and the quality also of the milk was good.

Mrs. K. Y. was confined for the first time, and endured an extremely hard labor, which was terminated with forceps. Adherent placenta was present, its removal being difficult; and, as a matter of precaution, antiseptic intra-uterine injections of carbolyzed water were used twice daily for several days, to protect her from possible septic complication should any small fragment have been retained in the womb. She had a normal though protracted convalescence, with but little secretion of milk, and that of poor quality. I may be mistaken, but it was my opinion then—and I have had nothing happen since then to change it—that most, if not all, of the difficulty as to deficient lactation was attributable to absorption of more or less of the antiseptic, which then produced an unfavorable effect on secretion. In this connection it may be well to inquire if the habit so prevalent and so strongly urged by prominent obstetricians during this year, of systematic antiseptic washing out of the puerperal genitalia in normal labors, is not overdoing a good thing; and should not such action be confined strictly to cases where septic trouble has actually set in, or in which a judicious foresight justifies the precaution after a complicated labor in which the prophylaxis is obviously indicated? Without antecedent medication, Mrs. Y. was treated with statical electricity,

and with complete success. The richness of the milk was increased and its amount multiplied at once with a single application daily for two weeks, and the mother's health was notably benefited at the same time by the disappearance of a troublesome intercostal neuralgia which had annoyed her for two years previously.

My experience with statical electricity as a galactagogue is confined to the three cases narrated, a small number, of course, on which to base conclusions. However desirable it may be to augment this list, it will be noticed that in the first two cases the lack of secretion was habitual, and that therapeutic assistance previous to the electrical treatment was of but little, if any, value. As nothing else was done for the last case (Mrs. Y.) except electrization, the value of the method is not so definitely sustained in that instance, for a different practice might have succeeded; yet there is no doubt as to the good result being directly attributable to the stimulus thus excited. The blood-supply to the mammary glands is ample, and disturbances of circulation and innervation in them are easily provoked by local manipulation or medication; hence electricity, which possesses so much value in peripheral disorders, might at once be indicated. With myself, however, neither galvanism nor faradism has been of any value as a galactagogue, although repeatedly tried; and if the extremely high tension of the static current may be made available in this direction, it will be well worth experimenting further to determine the point. In other papers I have called attention to the great value of this form of electricity in therapeutics, but which has been neglected because of inherent defects in its management and production which were insurmountable until the modification of the Holtz machine,

originated last year. The Tœpler-Holtz, as now obtainable is reliable, powerful, and valuable as *completing* the electrical armament of the physician, and it furnishes effects not obtainable from dynamic electricity. As the static machine is not readily portable, the patient must be treated at the physician's office, which is a minor trouble. My attention was drawn to the possible value of electrostatic treatment in galactozemia from the use of it, with a success not attainable in any other manner in obstinate amenorrhœa; and in every instance in which I have employed the machine to overcome the suppression, whether from cold, fright, or functional disorder, not accounted for or evident, the applications, though strictly localized to the uterus and ovaries, were followed by evident excitement of the mammæ. The converse also is true as to sympathy between these organs and the genital apparatus when subjected to electrical treatment; for in a recent case of intercostal neuralgia which was treated by static applications, the menstrual flow was precipitated ten days before the proper time, and this has repeatedly occurred with patients under electrical treatment, especially when employing galvanism.

Few physicians possess static electrical machines, but my object in this paper is to urge a further trial of the method wherever it can be done. The manner of making the applications was to use the so-called static induced or secondary induced current from the outside foil of the condensers, the connection between them being broken. The conducting chains were attached to the jars at one end, the other being armed with a small circular electrode covered with chamois leather well moistened with salt and water. One electrode was approximated to each breast

closely, but short of actually touching. The intensity of the current was regulated by adjustment of the discharging rods, which were usually kept about half an inch apart: and at this distance the flow is steady and not painful; in fact, as compared with faradism, it is pleasant.

As already noted in the case of Mrs. R., more attention was paid to one side than the other, not from any difference in the necessities of either, but simply as an experiment; and I shall, when opportunity again offers, confine the applications strictly to one gland, to learn how much can be gained as compared with symmetrical treatment. The Leyden jar, which is useful in amenorrhœa as discharging a larger *quantity* of electricity instantaneously than is had from the machine itself through ordinary electrodes, should not be used about the mammary region, for obvious reasons. If desirable, the spark can be sent through the clothing, should the patient be squeamish about disrobing, and no injury can be done to the finest or most costly fabrics by the most prolonged applications thus administered. It will be necessary, however, in thus acting, to use ball electrodes, dry and not covered. The conducting chains should be prevented from touching the ground, the patient, or the operator, and mine are encased in black rubber tubing.

No increase in the lochial discharge was produced at any time in either patient, but, on the contrary, in the case of Mrs. R. it was decidedly checked, which, as it had been somewhat free, was an advantage to her. To further test this point, I have applied the current to the mammary glands in a patient now under treatment for menorrhagic dysmenorrhœa, and the result showed, by a lessened flow, the truth of the statement already made as to the sym-

pathy existing between the uterus and these organs. Of course there is nothing novel in this observation, but the additional confirmation of the fact as thus obtained is worthy, I believe, of record.

In the treatment of galactozemia I have heretofore secured better results from the administration of good milk to the patient than through any other method.

PERMANGANATE OF POTASSIUM IN SNAKE-BITES.

M. de Lacerda (*Medical Times and Gazette*) has lately discovered a fact of considerable scientific and practical importance, which he has communicated in a note to the Paris Academy, namely, that permanganate of potassium counteracts very effectively the poison of snakes. In a first series of experiments, a water solution of the poison was injected into the cellular tissue of dogs, under the legs, and its usual effects were large swellings, with abscesses, loss of substance, and destruction of tissues. But when an equal quantity of filtered (one per cent.) solution of permanganate of potassium was injected one or two minutes after the poison, these local injuries were quite obviated; there was merely a slight swelling where the syringe had entered. Next, introduction into the veins was tried, and the permanganate again succeeded admirably. In only two cases out of more than thirty was there failure, and this is attributed to the animals experimented on being very young and weak, and badly fed; also to the antidote being administered at too long an interval after the poison, when the heart was already tending to stop. In one series of cases the permanganate solution was introduced half a

minute after the solution of venom, and the animal operated on showed no derangement beyond a very transient agitation, and acceleration of the heart's action for a few minutes. In another series, the characteristic troubles caused by the poison were allowed to manifest themselves (dilatation of the pupil, quick breathing and heart-action, contractions, etc.) before the antidote was applied. In two or three minutes, sometimes five, the troubles disappeared; a slight general prostration followed for fifteen to twenty-five minutes; after which the animal would walk, and even run about, and resume its normal aspect. Other dogs poisoned similarly, but not receiving the antidote, died more or less quickly.

Professor Corradi Tommassi-Cru-
deli, of the University of Rome, thinks that malarial diseases are sometimes produced by the practice of keeping flowers in pots in rooms of a high temperature. He states that the production of malaria (which is known to be the origin of ague and other intermittent complaints) may go on in an elevated temperature by changes in a soil which is generally incapable of producing malarial in such quantities as to give infectious qualities to the local atmosphere. He goes on to say that "the custom of keeping a number of plants in heated rooms imperfectly aerated may become the determining cause of malarial affections even in localities where malaria is unknown." In fact, "if the mould with which the flower-pots are filled contains portions of soil in which the malarial germs exist these germs may multiply to such an extent as to render most injurious the limited atmosphere which the emanations of the mould accumulate."—*Home Journal*.

THE
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CORRESPONDENCE.

TO THE EDITOR OF THE HOMŒOPATH.

DEAR DOCTOR: Enclosed please find some facts descriptive of Wm. Mullen and his rheumatic remedies.

As he and his recipe have been published in Western journals I thought it would be advisable to have him exposed in our Eastern ones.

He is largely spoken of in the *Medical Advance* for Oct. and Nov. 1881.

Yours Fraternaliy

S.F.S.

For some weeks past a man calling himself Wm. Mullen, and claiming to be from Newark, Ohio, has been visiting the physicians of both schools of medicine in some of our eastern cities in order to sell his formulæ for the treatment of rheumatism, neuralgia, sciatica and allied diseases.

His manner of doing business is as follows:—He calls at the physician's office and introduces himself as Wm. Mullen, of Newark, Ohio, and states he has for sale an internal remedy for

rheumatism, etc., and a liniment for the same.

His story is that while attending to his business as a Woolen Goods Manufacturer he suffered from rheumatism and for about seven years was confined to his bed. Being a bigoted John Bull he thought no American physician could treat him as successfully as an English one and so he returned to England.

It was while in his native land that he discovered the formulæ he is now selling, he having found that the physicians of England did not excel those of America in treating said disease. He claims that now he is entirely free from the pains and torments of his old enemy, and is so through the use of his own prescriptions.

His remedies, he stated, are ones that are used every day and can be obtained from any first class druggist, excepting two that he alone prepares (Oil of Celery and Oil of Horseradish) and which the purchaser must send to him for.

He says he has made a fortune out of his discovery but he is still after the almighty dollar, and is willing for a reasonable (?) compensation to sell his secret and allow the party purchasing it to use it and have the almost exclusive use of it in each city. His form of agreement is:—For, and in consideration of a contract to furnish my formulæ to compound and use two specific remedies for the cure of rheumatism, sciatica and allied diseases I agree to pay Wm. Mullen of Newark, Ohio, the sum of fifty dollars for the exclusive use of said remedies and formulæ in—excepting—other physicians in this city, or county, ten dollars of which is paid, the remainder to be paid out of monies received from patients who have been treated with said remedies.

The party of the first part agrees not

to sell said secret to any one without the consent of said Wm. Mullen. Should the said remedies fail to be superior to other remedies in the treatment of said diseases then this contract is to be null and void and the money paid Mr. Mullen is to be refunded, and should these receipts be sold to others in this city, (or county) excepting as before stated, this agreement is to be null and void and the money paid refunded."

The purchaser and Mr. Mullen sign this and Mr. Mullen receives a duplicate.

His formulæ are:—

INTERNAL REMEDY.

- R Linseed Oil, raw.....iii 3
 Oil of Hemlock, pure.....ii 3
 Oil of Sassafras.....ii 3
 Oil of Peppermint.....ii 3
 Oil of Wintergreen.....ii 3
 Oil of Lemon.....i 3

Put this in an eight ounce bottle and fill up with Headlight Oil of 175° test.

Shake well before using. Dose from five to twenty drops from three to five times a day until there is a change in the urine and then once a day until cured. This is for acute.

In chronic cases after the change in the urine give twice a day until cured.

Taken Spring and Fall for one week for chronic cases it will cure them.

A bad case of sciatica or neuralgia requires three to seven drops of the Liniment internally, but cooked with alcohol, twice a day, (morning and night), until the pain ceases to return and then continue the internal remedy.

LINIMENT FOR SWELLING, ACHE OR PAIN.

- R Linseed Oil, raw.....ii 3
 Oil of Hemlock.....ii 3
 Oil of Celery.....ii 3
 Oil of Horse-radish.....ii 3

Put this in an eight ounce glass stoppered bottle and fill up with Headlight Oil of 175° test.

Shake well before using. Put on with a camel's hair brush once a day and at the same time give the internal remedy.

For bad cases of sciatica give a hypodermic injection of from three to seven drops over the seat of pain every 24 hours.

Use freely for lumbago and lame back. Mr. Mullen's formulæ have been published in some of the Western Journals and as he is now plying the Eastern cities the writer hereby cautions physicians to fight shy of him as his remedies are useless.

The man is an Englishman of middle age, is about 5 feet 4 inches tall, has a full grayish beard, and is so knock-kneed as to be noticeable on the streets. He has numerous agreements, some purporting to have been signed by leading physicians of the Western states, but he and his remedies should be avoided.

ABSTRACTS.

THE COMMUNICABILITY OF BOVINE TUBERCULOSIS TO MAN.—INASMUCH as nearly one half of our daily flesh-food in this country is beef, it is a very startling reflection that such a terrible disease as bovine tuberculosis may be communicated to us in our succulent steak, or in the glorious roast beef of Old England, and in the milk we give to our babes.

Under the title, *An Infective Variety of Tuberculosis in Man, Identical with Bovine Tuberculosis* (Perlsucht), Dr. Charles Creighton, Demonstrator of Anatomy in the University of Cambridge, read a most instructive paper at the Cambridge Medical Society last year, and it has subsequently ap-

peared in the medical journals. We will give a few of Dr. Creighton's cases in full, together with some of his remarks:—

A. T.—, girl, aged eight years, admitted on the 22nd April, under Dr. Bradbury. Typical case of acute tuberculosis in a child; first signs of it five weeks before. Died on the 2nd May.

Post-mortem.—Large packet of caseous bronchial glands. Abundant tubercles on pleura, both pulmonary and parietal; the tubercles were white in color, sessile, and even pedunculated. Both lungs were full of tubercles of unusually large size, and white medullary substance. At the right apex, a dense collection of white nodules, having the general outline of a wedge, with some lung-tissue within the outline not occupied by the white substance. The scattered white nodules appeared often to be perforated in the centre by a smooth-walled aperture. Tubercles on the surface of the spleen, and in the fissure of Sylvius.

J. B.—, male, aged forty years, admitted on the 9th May, under Dr. Bradbury. Pulmonary symptoms said to have existed for two years. On admission: face congested; tremors of the tongue and facial muscles; much prostration; frequent cough, with expectoration of very offensive purulent sputa. Evening temperature 104.2°; next morning 100°. Physical signs of lung disease on left side (details deferred). Before death his dyspnœa increased much; face, much congested; perspiration on forehead. Died on the 13th May.

Post-mortem.—Remarkable appearance in thorax. Bronchial glands formed a diffuent white mass, like the softer variety of lympho-sarcoma. Left lung firmly adherent; extensively œdematous; contained a number of gangrenous cavities, one of them

(on the periphery) distinctly wedge-shaped; and, in the intervals between the cavities, the lung-tissue was occupied by a number of greyish nodules, of uniform size, as large as peas. I did not see the right lung, but the note is that it "contained a considerable quantity of caseous substance, just beginning to break down."

T. C.—, male, aged fifty-seven, admitted on February 17th, under Dr. Latham. Quite well till seven weeks ago; then had quinsy. The throat was lanced by a surgeon, and a quantity of matter evacuated. Lost his voice at that time, and still speaks in a whisper. No cough or night-sweating, but has had sometimes shortness of breath. On admission there is no pain in chest or elsewhere, but constant slight dyspnœa. Temperature on two successive days: 101.8° morning, and 103.4° evening; 100.8° morning, 103.8° evening. Before death severe dyspnœa. Death on February 15th.

Post-mortem.—Both lungs firmly adherent all round. In the right lung a cavity the size of a walnut at the apex; the rest of the lung thickly studded with tubercles, small and translucent in upper part, opaque and becoming confluent at the base. The special interest centres in the condition of the left apex, which exactly resembled the condition in the corresponding apex of Case 6, and which is probably characteristic of the bovine disease. The lung was as if honey-combed with smooth-walled cavities from the size of a pin-head to that of a large pea or even a hazelnut. To use a homely illustration, the lung resembled the substance of a crumpet. I at first took this condition for bronchiectasis; but the cavities are found to result from the central softening of large tuberculous nodules, the periphery of the nodules being formed of translucent and

highly vascular tissue, which remains as a smooth membrane like the wall of a cyst. Solid whitish nodules of various sizes, up to that of a pea, were seated as if on the outer walls of the excavations, or in the lung-tissue between them.

My contention, says Dr. Creighton, is that these cases of tuberculosis are all of them cases of bovine tuberculosis; that they show the distinctive and specific characters of that disease in their pathological anatomy and are related to it in their etiology, and that they have precisely that relation to bovine tuberculosis which glanders in the human subject has to equine glanders. Bovine tuberculosis (*Perlsucht Pommeliere*) is a disease by itself, as much as glanders is. It is only from directing too concentrated an attention upon its histology that one would be led to conclude, with Schuppel, that bovine tuberculosis is identical with the ordinary indigenous or autochthonous tuberculosis of man. It has well-marked distinctive characters which appear to me to be reproduced more or less in all the cases above related. I must content myself for the present with summarising in the briefest way what may be considered to be the salient features of the cases that I have grouped together, without attempting to make out the identity with bovine tuberculosis from point to point. The salient points I consider to be: (1) the occurrence of tumor-like embolic infarcts in the lungs; (2) the implication of the bronchial, or of the mesenteric and portal lymphatic glands; (3) the characters of the new growth in the wedge-shaped infarcts and round nodules (of various sizes) in the lungs, and its corresponding character in the lymphatic glands; (4) the characters of the eruption in the serous membranes, and its relative frequency; (5) the microscopic appearances; (6) the ele-

ment of obscurity in the cases viewed as cases of ordinary or autochthonous tuberculosis.

The Cases otherwise unaccountable.—In none of the cases, with the doubtful exception of the case in a child, were the clinical facts or the appearances after death those of ordinary tuberculosis. Seven of these cases were in adults; there was, in none of them, caseous broncho-pneumonia; nor were there spontaneous centres of caseation elsewhere; the lymphatic enlargements were distinctly not those of primary scrofulosis, for the round nodules within them contained the same structural elements (including giant-cells) as the serous tubercles. In the clinical history, dyspnœa was more or less constant as a symptom.

At the International Congress for Hygiene, etc., held at Brussels in 1877, Professor Virchow spoke as follows:—"In conclusion, I would briefly direct attention to a question much ventilated in Germany at present—viz., in how far one of those diseases which we have hitherto regarded purely as a spontaneous disease of the ruminant animals—I mean bovine tuberculosis (*Perlsucht*)—is a communicable disease, and, indeed, a disease communicable to man. If this were the case, it would follow that sanitary regulations should be directed against this disease to a much greater extent than hitherto. It has, in the first place, been determined, by the inoculation upon other animals of substances from animals that have died of *Perlsucht*, that the disease may be communicated exactly in the same way as in the inoculation of tuberculosis. On that point there is in Germany no longer any doubt. A further question is, whether, by the partaking of substances coming from a tuberculous (*perlsuchtig*) animal, similar, and, in fact, tuberculous, diseases

may be induced in man. This question divides itself into two main points—in how far such an infection may arise from the partaking of flesh ; in how far through milk.”

So far as I am aware—and I rely on the statement of Professor Virchow, in an address on this subject made a few weeks ago to the Medical Society of Berlin—no series of cases have yet been described as cases of specific and distinctive bovine tuberculosis communicated to man. It is as such that I regard the above cases. I say “specific and distinctive bovine tuberculosis” (*Perlsucht, Pommeliere*), and I am not concerned to maintain, according to the conjecture of Klebs, that any other variety of tuberculosis in man is referable to that extraneous source.

It may be convenient also to take the present opportunity of pointing out that the above observations give no countenance to what is called the “parasitic” theory of an infective disease. The bovine disease in man reproduces, on the whole exactly, the morphological features of the disease in the cow. When it comes to be a matter of conveying somewhat special and even complex morphological features—as distinctive as the pattern of a wall-paper or a carpet—it is in the juices and particles of the tainted animal that we must suppose the contagion to reside.

The extreme importance of this subject more than justifies us, we think, in thus bringing these rather dry details to the notice of our readers. It is very important to *know* that the milch-cows that supply our nurseries and tea-table are *healthy*, and that the beef we dine off is not a portion of the carcass of a *perlsuchtiges Vieh*. Oddly enough *Moses* was a more advanced sanitarian and hygienist than are our present law-givers. We hope our legislators will take up

the question of the people's food, and at least give us the advantage of the Jewish laws. All our governments seem to fail egregiously in this direction. Lord Beaconsfield in his day might at least have given us Mosaic protection from filthy food, considering that his motto was : *Sanitas sanitatum et omnia sanitas*.

PULMONARY PHTHISIS.—Dr. Beverly Robinson, New York, (Am. Jour. of the Med. Sciences,) calls attention to three prominent conditions of present interest in connection with pulmonary phthisis. First: Inflammations of the respiratory organs as they affect the origin and course of pulmonary phthisis. Second: Syphilis in its relations to the origin and course of pulmonary phthisis. Third: Contagion and inoculation. The influence of laryngitis and bronchitis as predisposing and exciting causes of pulmonary phthisis is fully recognized by Dr. Robinson whose personal experience forces him to the belief that bronchitis, especially laryngo-bronchitis, is an efficient agent in causing broncho-pneumonia with cheesy nodules and pneumonic phthisis. On the other hand, lobar pneumonia, where the pulmonary parenchyma is involved in a previously healthy individual, rarely acts as a cause of phthisis, but where the patient is already phthisical the complication hastens the course of the disease. Pleurisy also is a modifying agent of great importance as regards the origin and course of pulmonary phthisis. Syphilis does not cause tuberculosis; in such cases other symptoms suggest the anti-syphilitic regimen, and treatment becomes the touchstone of diagnosis. Dr. Robinson is of opinion that phthisis can in many cases be communicated by infection, contagion, or inoculation.

THE PLAGUE OF VACCINATION.—“Verde de Lisle, Ancelon, Carnot, and others have statistically shown that universal vaccination bodes universal deterioration of the human species; that it augments the mortality of infancy and youth; that it has doubled the deaths in military hospitals; increased the number and fatality of small-pox epidemics; and rendered its adherents specially subject to diseases of a typhoid character. In short, the more a nation is vaccinated, the more it will suffer from each zymotic epidemic, and the more rapid will be its physical decline.”—*From speech of Dr. Hubert Boens, London.*

CONTRIBUTION TO THE PATHOGENESIS OF CUNDURANGO.—When I proved *Cundurango* I had a good many cutaneous manifestations, notably indolent pustules. This effect of *Cundurango* is now confirmed and extended by the observations of Dr. J. E. Guntz. This physician found that about two per cent. of those to whom he exhibited *Cundurango* had an acne-like cutaneous eruption (*Vierteljahrsschrift für Dermatologie*, 1880). He also observed that of one thousand patients who were taking a strong decoction of *Cundurango* for syphilis twenty of them got furuncles from its use. Thus *Cundurango* must be added to our list of drugs capable of producing furunculosis. Colleagues would do well to add this little pathogenetic fact to their *Materia Medica Pura*. A characteristic indication (repeatedly verified) for *Cundurango* is “cracks in the corner of the mouth,” and it has done good service in the most severe forms of dyspepsia with that symptom. However, it is to be noted that *Cundurango* is no good when said commissural cracks are due to patient’s wearing a set of teeth too large for their mouths,

which is a by no means uncommon occurrence.—J. C. BURNETT, M.D.

CLINICAL UROLOGY.—M. Robin reported to the Society of Biology, in Paris, two cases in which the patients suffered from diseases whose differential diagnosis, though very difficult by the ordinary means, was yet rendered easy by an examination of the urine. The first case was that of a boy aged fifteen, who presented obscure typhoid symptoms: the second was a patient of the same age with almost identical symptoms, except that in the latter case there was slight hyperæsthesia and a slow pulse. In the second case there was reason to suppose that the patient might be suffering from tubercular meningitis; examination of the urine resulted in the following observations:—In the first case it was turbid, with a specific gravity of 1.013, and a slight excess of urea and uric acid was present. Nitric acid poured down the test-tube containing the urine caused a number of superimposed zones to form in the following order: A stratum of uric acid, a transparent zone; a stratum of albumin, and underneath a blue ring due to the presence of indican. In the case of the second patient, the urine had a reddish tinge, was clear, with a sp. gr. of 1.032, and contained a very considerable quantity of urea: neither albumin nor indican was detected on the addition of nitric acid, but urohæmatin was shown to be present. From this difference in the urine, M. Robin diagnosed typhoid fever in the one case, and tubercular meningitis in the other, and post-mortem examination verified in each case the diagnosis. M. Robin states that this difference in the urine exists in all the cases which he has hitherto examined. In typhoid fever indican and albumin are always pres-

ent, but only very rarely uro-hæmatin. The latter substance, however, is sometimes present at the beginning of continued fever under certain conditions, such as pulmonary complications, hemorrhage, facial erysipelas, or when the disease attacks a very robust individual, and assumes an inflammatory type. M. Robin concluded his remarks by stating that the presence of indican in urine affords a very valuable diagnostic sign of typhoid fever, for although we cannot say that the patient is free from the fever because the coloration is absent, yet when it is seen in the urine, he must be said to be suffering from typhoid.—*Le Progres Medical*.

CASE OF TORTICOLLIS CURED BY GALVANIZATION.—Dr. De Giovanni, says the *Deutsche Med. Wochenschrift*, reports the case of an unmarried woman of 27, without neuropathic antecedents, who, in 1878, following the death of her mother, fell into a condition of unconsciousness lasting for nine days, and accompanied by tremulous tonic spasm of the head and upper extremities. From that time she became more and more of an invalid, suffered with facial neuralgia, cardiopalmus, and also with a recurrence of the tremor of the head and arm by night. On the 14th of April, 1880, after unusual effort, the tremor suddenly came on with renewed severity, accompanied by a feeling of constriction in the throat, and followed by coma lasting eighteen hours; subsequently clonic convulsions and renewed coma lasting four days. On awakening after this last attack the head was found to be bent to the left and forward, restoration to its original position nearly or quite impossible. All the ordinary means of medication failed. Examination made on the 16th of June, 1880, showed contraction of

the left sterno-cleido-mastoid and trapezius, while the homogeneous muscles of the opposite side felt smooth and soft. The employment of an extremely weak, scarcely perceptible induction current on the left side of the neck and the edge of the trapezius gave rise at once to clonic forward movements of the head, which gradually removed the latter from its abnormal position. After the cessation of the induction current the deformity, by this time about half-remedied, showed no inclination to return. A similar current was now applied to the left sterno-cleido-mastoid, which produced like impulsive movements, gradually restoring the head to its normal condition. The sitting lasted only two minutes.

Giovanni sees in the result of this therapeutic procedure a striking confirmation of the transportation of motor energy from one side, where it was present in excess, to the opposite side, where a defect not only of motility, but also of muscular tonus, existed. The behavior of the contracted muscles, which lost their almost board-like hardness during faradization, while the muscles of the right side of the neck, seized with rapid clonic movements, gained volume and consistence to a decided degree, is also worthy of note. The recovery of normal condition as the result of treatment was very striking and complete; the left sterno-cleido-mastoid, however, seemed slightly more contracted than the right. The patient left the clinic entirely cured of the torticollis at the end of eight days.

VACCINATION PREVENTIVE OF MALIGNANT PUSTULE.—At a recent meeting of the Academie de Medicine (*La France Medicale*), M. Boutet, of Chartres, gave the experiments of a committee to examine into the preventive vaccination against charbon, as prac-

tised in the bovine species. A number of sheep from two farms—some vaccinated, others not—were inoculated with a few drops of blood from a "charbon" patient. The first lot of nineteen sheep, taken from the stables of Alfort, which had been vaccinated by Pasteur, survived the inoculation. Of sixteen sheep from elsewhere, all but one succumbed, presenting the lesions of malignant pustule. The blood inoculated was taken from a sheep dead of malignant pustule some four hours previous to the experiment.

TRANSLANTATION OF THE MEDULLA OF BONES.—Dr. Th. Kolliker (*Cbl. f. Chirurgie*, 1881, No. 37), attracted by the report of Bruns on the transplantation of marrow, has made some experiments in this direction. He employed half-grown rabbits for his experiments, all the transplantations being made upon one and the same animal. Unlike Bruns, Kolliker transferred marrow not to the skin but to the anterior chamber of the eye and to the abdominal cavity. Transplantation of marrow to the anterior chamber of the eye was accomplished in the following manner. The tibia of another animal was trephined, a cylinder of marrow removed, and this was thrust into the anterior chamber by means of a small instrument similar to the Dittel's *porte-remede*. For transplantation into the abdominal cavity, excarticulation of the knee-joint was practiced, and the entire cylinder of marrow from the diaphysis of the tibia was placed in the abdominal cavity. After several failures—partly on account of defective procedure, partly on account of too brief time of observation—Kolliker succeeded in producing both cartilage and bone-formation from the transplanted portions of marrow. Kolliker can there-

fore confirm Bruns's assertion that marrow entirely removed from its connection with bone and, in the same animal, transplanted to a distant part of the body under the skin, forms cartilage and bone, adding thereto the anterior chamber of the eye and the abdomen.

TUBERCULOSIS OF TRAUMATIC ORIGIN.—Traumatism, says Dr. Orbcastel (*These de Paris*, 1880,) exercises an evident influence upon tuberculosis in provoking and localizing some one of its manifestations, as pulmonary, genital, or articular tuberculosis. Tuberculosis develops itself sometimes in the zone affected by traumatism, sometimes in a more or less distant organ. In cases where tuberculosis originates at a point directly attacked by traumatism, it does not excite a sudden tuberculous inflammation, but the traumatism determines local modifications in the contused organs which, in an individual predisposed to such disease, serve as *loci minoris resistentiæ*; it is here that tuberculosis becomes localized. A slight but frequently repeated traumatism may suffice, in persons so predisposed, to induce an explosion of tuberculosis at the point irritated. The affection is sometimes seen to be developed without any hereditary or acquired diathesis. In cases where tuberculosis shows itself at a point considerably removed from that of the injury, it would seem that the latter shatters the health and places the wounded person in a state of morbid receptivity sufficient to permit the tuberculosis to fix itself, in the absence of a *locus minoris resistentiæ*, on those organs for which it has the most affinity, as the lungs, the testicle, etc.

"CHLORALUM" FOR DISINFECTING PURPOSES.—This disinfectant may be

prepared from the following formula:

Powdered alum, 10 troy oz.;

Solution of chloride of calcium, 16 fl. oz.;

Water to make 100 fl. oz.

Dissolve the alum in about four-fifths of the water by the aid of heat; add the solution of chloride of calcium; filter, and add enough water through the filter to complete the quantity directed.—*Druggists' Circular*.

SOLUTION OF FALSE MEMBRANES BY PAPAIN.—Bouchut (*Paris Medical*.) has used the substance recently introduced into medicine under the name of papain, and which is derived from the *Papaya carica*, in thirty-two cases of croup and diphtheria, of which only four ended fatally. He does not give any account of the severity of the disease in the different cases.

VACCINAL SYPHILIS.—A letter to *La France Medicale* says that the Algerian journals are full of the most lamentable details regarding the numerous cases of syphilis which have appeared in the garrison of Algiers, following a public vaccination made on certain Algerian soldiers. It is said that fifty-eight young men have contracted syphilis by being vaccinated with lymph given by a syphilitic infant. The medical journals are as yet silent on the subject.

PUBLISHERS' AND OTHER NOTES.

A very interesting article by Dr. W. M. Butler, of Middletown, N.Y., will appear in the April issue of the Journal.

Sample of *Rhamnus Frangula* will be sent any subscriber of this Journal asking it, by Scott & Bowne, New York.

Littell's Living Age is a publication too well known to require extended mention, its weekly visit is a welcome one.

The only art publication issued more frequently than monthly and which appears bi-weekly is the *Art Interchange*, and its extremely moderate subscription rate, \$2 per year, places it within the reach of all.

An exchange in its editorial notices, says of PHILLIPS' PALATABLE COD LIVER OIL. "It is a preparation worthy of the attention of the medical profession. We have here a combination that is palatable, nutritious and digestible."

Those who love genuine decorative art and despise the shams that parade in its name will find THE ART AMATEUR exactly suited to their tastes. The February issue is particularly rich in its illustrations and original designs.

"Maltine in its different forms is the only malt preparation I now employ, being so palatable, digestible and easily assimilated. It deserves to stand in the front rank of constructives, and the constructives, by their preventive, corrective and curative power, are probably the most widely useful therapeutic agents that we possess."—*Medical News*.

There is a varied and thoroughly popular interest in the February "Popular Science Monthly" which has not been surpassed in any former number. Professor Pettenkofer continues his golden words on "The Sanitary Relations of the Soil," words which vitally concern everybody. Another most original and suggestive paper is on "The Fundamental Problems of Physiological Chemistry," by Dr. Drechsel, of Leipsic. It is quite startling to find the results that have been already reached in the rapid advance of this science.

In a case where prolonged exertion of the mind and natural tendency to sleep had been habitually resisted, until the irritation of the nervous system had become completely deranged, Horsford's Acid Phosphate was successfully used, effecting a cure where other of my chosen remedies had failed. I have also used it in cases of weakness of the genital organs in the male with good results. I frequently use it in connection with Nux Vom. when that remedy is indicated.

JOHN R. WILLIAMS, M.D.

Salem, O., July 21, 1881.

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THE AMERICAN HOMŒOPATH.

NEW YORK, APRIL, 1882.

ARSENICUM IN THE TREATMENT OF MELANCHOLIA.

BY

W. M. BUTLER, A. M., M. D.,

Middletown, N. Y.

One of the greatest difficulties encountered in the treatment of Insanity, according to the homœopathic law, arises from the incomplete mental provings of many of our remedies. No prover is willing to push his experiments far enough to dethrone his reason. In most provings, therefore, we have but the first steps towards mental derangement, and we are obliged to conjecture from these what the subsequent changes would be were the drug effects fully developed.

With some drugs, however, the provings have been supplemented by cases of poisoning, rendering the mental picture complete. Of this class is Arsenicum. Revealing throughout its pathogenesis evidences of blood changes and deterioration of the nerve cells and fibres, we naturally find, through its effects upon the brain, marked mental symptoms. Prominent among these are hallucinations of sight and hearing, delusions of ghosts and thieves, bugs and vermin, with which the provers imagined themselves surrounded. Constantly oppressed by great fear of the frightful objects about them, or a dread of impending death, the mind is constantly filled with gloomy forebodings. Much depressed, and in utter despair, the prover weeps and wails, and refusing to believe that there can be any help for his deplorable condition, his anguish impels him to make frantic attempts at self-destruction. This mental state, reaffirmed by nu-

merous reliable provings as the effect of this drug upon the healthy organism, is an almost exact simillimum of many cases of mental disease. Guided by these data, we naturally expect to see curative effects from the application of this drug. Of the truthfulness of our provings our clinical records afford many corroborations.

No remedy has proven more satisfactory in the treatment of melancholia. The cases affected by Arsenicum are usually those in which the insanity has supervened upon an already weakened physical condition, and, at first sight, might appear to offer little hopes of improvement. Much emaciated and greatly prostrated the general appearances of anæmia reveal the presence of physical disease, as the precursor of the mental malady. The pale face, with shriveled skin, by its drawn lines, reveals the physical and mental agony of the sufferer. Restless and uneasy, the patient keeps in almost constant motion and, unless prevented, will soon wear himself out. In utter despair, weighed down by constant fear of the frightful phantoms of his brain, and the stygian darkness of the future, he constantly wrings his hands and fills the air with moanings and groanings. At last, convinced of the utter impossibility of obtaining relief from this unutterable misery an escape is sought through suicide. No class of suicides is more desperate. Any means, however painful, which seems to afford this opportunity of escape, is frantically seized. Nor are they always deterred from their attempts by the presence of other patients or even attendants.

Another feature of many of these cases, is their desire to disfigure themselves, and unless watched, they often succeed in inflicting upon themselves the most horrible mutilations.

Among the physical indications we

usually find a red tongue, intense desire for small quantities of water, at short intervals, and persistent burning pains in the stomach and bowels, denoting disorder of the alimentary canal.

In many cases also we find derangement of the kidneys revealed by the pale, puffy face, and general arsenical anasarca, with scanty urine or complete suppression.

The pulse is usually quick and weak and often irregular and the patient may suffer in addition from frequent attacks of violent palpitation of the heart when lying down at night.

Short oppressive, difficult respiration may also be added to the patient's other sufferings, all of which, in his disturbed state of mind, is ascribed to some foreign inimical influence.

Unpromising as these cases may appear, from their great weakness, prostration and their formidable array of symptoms clearly evidencing the existence of dangerous physical disease, yet, under the influence of Arsenicum, a marvelous effect is often produced and the patient is restored, with surprising rapidity, to health of body and mind.

Numerous cases might be cited corroborative of the effects of Arsenicum, but we shall content ourselves with the following illustrations:

CASE 1.

C. B. Male, fourteen years of age, a deaf mute, mother insane, two brothers deaf mutes, father weak minded. Admitted to State Homœopathic Asylum for the Insane, Oct. 12, 1874, with the following history.

"Patient is suffering from general debility and from hallucinations of sight, taste and smell, together with the insane idea that he has a hole in the crown of his head, and that bugs are crawling out of it and over his body. Also that he sees, smells and

tastes the bugs which are in and about his person. He has attempted several times to get out of the window, with the view of committing suicide, and has threatened to kill himself with a knife. He imagines that he is soon to die and that the daily papers are full of comments about his case. Nov. 21st, 1868, was run over by tender of fire engine and received severe injury of the head. Has been insane one month." Physical condition on admission, feeble and emaciated.

Oct. 14th, in constant fear of being killed. R. Ars. 12. 17th, shows more signs of fear, puts up his coat collar and hides his face and cries, slept fairly. R. Ars. 12. 19th, cries less, says there is a soft spot in his head, smells and tastes, and feels bugs. R. Ars. 12. 20th, greatly disturbed, crying, says his head is hot and hurts on top, wants to prevent spiders from coming out of his head, says he had better commit suicide if he cannot be cured immediately. R. Ars. 12. 31st, talks less about his delusions, wants to return to school, sleeps better. 11th, excitable delusions worse at night. 21st, says nothing about bugs. 26th, mind seems better. R. Ars. 30, continued to improve. March 26th, 1875, discharged—Recovered.

CASE 2.

Mrs. L., aged forty-seven years, mother of four children, three maternal uncles and one aunt insane. First attack duration three weeks. Admitted to the State Homœopathic Asylum for the insane, August 20, 1878, with the following history.

The patient has been physically failing for past two months, has always worked hard and her ambition has carried her beyond her strength. About three weeks ago became melancholic and manifested suicidal desires. Does not wish to recover as she thinks she is in the way, and her family would be better off without her. Has taken

poison and tried to choke herself. Aug. 21st, P 72, slept about two hours. Poor appetite, eats only under compulsion, pain in occiput, running up over head to forehead. Eyes have at times a blur over them so that it hurts her when she tries to read. Says it seems as if she were getting weak and could not control her mind. Depressed and worrying; tongue bright red and cracked; constipated; troubled with cold hands and feet. R Actæa Rac. During next ten days made no improvement; attempted to strangle herself with a string at night, although an attendant was in the bed beside her; required constant watching to prevent her injuring herself; slept poorly, was restless and uneasy and in constant mental agony. Sept. 1st, R Ars. 3. From this time the patient made a steady and rapid improvement in body and mind. Nov. 2nd, 1878, discharged—Recovered.

NATURE'S ANÆSTHESIA.

BY

A. B. RICE, M. D.,

Panama, N. Y.

The phenomena connected with the anæsthetic properties of Chloroform, Ether, Nitrous Oxide Gas, &c., are familiar to all medical men; and those who have used these agents have, no doubt, often looked with a feeling akin to awe, into the faces of those who have been placed under their influence. The effect produced upon the cerebral ganglia by the use of these substances is indeed wonderful.

But without stopping to inquire into the *modus operandi* of these agents, I wish to call attention to the fact that the phenomena attending them

are very analogous to those instituted by Nature herself, when she kindly spreads the mantle of oblivion over the disturbed and harassed brain.

And that nature often does this, does not, as it seems to me, admit of question. In proof of this let me appeal to the experience of those who are actively engaged in the practice of our profession. Called, as we often are, to minister at the bed-side of dying patients, and thus witnessing the closing hours of life, who has not noticed the unmistakable evidences of some wondrous anæsthetic power? How often is it true, as the celebrated surgeon, William Hunter, said in his last words, "If I had strength to hold a pen, I would write how easy and delightful it is to die." And Louis XIV. is recorded as saying with his last breath, "I thought dying had been more difficult." More than 300 years ago, Sir Francis Bacon said, "It is as natural to die as to be born, and to the little infant, perhaps the one is as painful as the other." The infant at birth undergoes an ordeal that would be more painful, perhaps, than death, were it not that he is born unconscious.

He is in a state of oblivion which has been called Nature's Anæsthesia. Some one has truthfully said: "Painlessly we come, whence we know not; painlessly we go, whither we know not."

In the light of physiological science, therefore, we must discard from our vocabulary, as scientific terms at least, all such expressions as "Death Agony, Pangs of Death," etc.

When the end of life draws nigh, the respirations become slower and less deep, and the blood becomes saturated with carbonic acid gas in consequence. The heart also contracts less forcibly, and there is not only a diminished quantity of blood sent to the brain, but it is laden with

carbonic acid gas. Hence we have a gradual benumbing of the nervous centers, and a loss of sensation. As the power of sensation is lost the death struggle must be automatic.

The mind is often retained to the last, and the body is free from suffering. We may conclude, therefore, that the separation of soul and body is not such a terribly painful process as is popularly supposed. Death is as much a physiological process as life. Every thought that passes through the brain; every step taken by the foot; and every movement of the hand, is accompanied by the destruction of nervous or muscular tissue. "The bioplasmic or living matter of Beal, which enters into the formation of every animal tissue, is constantly germinating into cells (the origin of all life), and as constantly passing into decay, their places being taken by other protoplasts, thus keeping up the 'active dance of life.'" (Thomas D. Spencer, M.D.)

But Nature's Anæsthetic influence is seen at other times, as well as at the time of birth, and of death.

In proof of this I will relate, briefly, a case of obstetrics which came recently under my observation.

Emma R—, a strong, healthy country girl was married when about 20 years of age. A little more than a year later she became pregnant so that her confinement came when she was about 22 years of age.

Her gestation was uneventful, and I did not see her until three days before her delivery, being then called in while passing the house. I was requested to prescribe for a most distressing general pruritus, worse at night, and entirely preventing sleep. A rather hasty examination elicited nothing of importance save the fact that the urinary secretion was scanty, high colored, and bad smelling. I requested her to secure for examina-

tion a small quantity of her urine, and send it to me, and prescribed Mercor. 12x, and Ars. 6x, to be taken in alternation. In two days the case was reported better, but no urine was furnished for examination. Continued the remedies. The next day labor came on and I was summoned at 2½ o'clock P. M. Found her nervous and complaining bitterly of the severity of the pains, which seemed like the usual pains of the first stage of labor.

A digital examination showed that the soft parts were moist and dilatable, but the os uteri was so little dilated as barely to admit the index finger. What was a little singular also, although of no consequence in this history, the os was covered with a net work of fibers, as though a mesh of tissues had been applied closely over it. I concluded that the case would prove a tedious one, and tried to school myself for a wearisome waiting. Gave a few doses of Bell. 2x. and at the expiration of an hour made a second examination. The case had progressed very little. At about this time my patient said her pains were becoming easier; she complained of them less; she sat up, and walked about the room; she became more cheerful and hopeful. I soon noticed a change in the character of the pains, and an examination revealed the fact that the labor was now progressing rapidly, for the vertex of the child was found low down in the pelvic canal, and near to delivery. But the fact most worthy of note is this; that although the patient was undoubtedly near the close of the second stage of labor, and experiencing strong expulsive pains, yet she stoutly protested against our saying "*pains*," as she averred that she did not feel a particle of pain. There was not the slightest complaint of pain, her features did not indicate that she

felt pain, even at the height of the uterine contraction; her mind seemed clear and intelligence perfect. The expulsive efforts came regularly and rapidly, and at 7 o'clock P. M. the labor was ended.

During the night the nurse noticed a slight delirium, and the after-pains were severe, notwithstanding the fact that the woman was a primipara. When questioned about her sensations during the expulsive stage of labor, her memory seemed defective, although she persisted in saying she had no pain. Her *getting up* was a little prolonged, and the lochia excessive for a time, but not foetid at any time.

May it not be true that in this case we have an example of Nature's Anæsthesia? But perhaps some reader is ready to say, "This is a case of blood poisoning from albuminuria, and a narrow escape from convulsions."

Granting this to be true, did not the abnormal state of the blood acting upon the brain produce a decided anæsthetic influence? The point claimed is simply that there was anæsthesia; the exciting cause is another question.

It seems just to conclude that, although there is a vast amount of pain in the world, yet Nature often comes to the rescue of poor worn-out humanity, and, at the critical moment, sends to the weary sufferer the balm of oblivion; and at the same time often gives perfect and complete consciousness of passing events.

MORPHINE POISONING.

A. G. ANTHONY, M. D.,

Warners, N. Y.

On the evening of December 30th I was hastily summoned to attend a

young lady who had attempted suicide by taking Morphine.

Arriving at the house at 8 o'clock, I found the family and neighborhood in the greatest excitement and alarm, and the young lady in question standing cool and self-possessed with the fixed intention of making her work sure.

One hour previously she had swallowed 20 grains of Sulphate of Morphine on an empty stomach, in the presence of her invalid mother and idiotic brother: the former, unable to walk, could sound no alarm to the neighbors, and the latter who in fact was the prime cause of her taking the deadly dose, with much reluctance was persuaded into calling help from a house some distance away.

The patient's face was pallid, her hands and face had a cold clammy feeling, and she said she had no feeling in her flesh, even the prick of a pin deep into the skin was scarcely noticed. Her eyes were protruded, glossy, and had a fixed, gazing stare; the pupils being contracted almost to the size of a pin's point. Light had no effect on them. The pulse was soft, slow and scarcely perceptible. Respiration, sighing, and at times so spasmodic as to jerk the whole upper portion of the body, and cause marked cyanosis of the face and blueness under the finger nails. The mind was clear. She could scarcely keep awake and if she ceased walking even for a moment, her body would become severely agitated so she would sink down on the floor, and her breathing would become heavy and stertorous.

I considered the case as very desperate and informed the family that the patient would probably die. Considering the quantity taken, and the fact that the poison had already been working in the system for over an hour, and that symptoms of most pro-

found Morphine poisoning were already present, I considered the prognosis as very unfavorable.

Having no stomach pump with me, I gave 20 grs. of Zinc Sulph. but this not producing the desired result immediately, I gave the speediest of all emetics, viz:—one teaspoonful each of fine table salt and ground mustard. This produced copious vomiting of a yellowish fluid, and ultimately several little balls of the Morphine. I kept up the vomiting by giving warm water, until the stomach was completely washed out.

Having to antidote the effect of that already absorbed, gave Atropine $\frac{1}{50}$ of a grain, per stomach, every fifteen minutes for two hours, and after that every thirty minutes for four hours. During the while copious draughts of strong black coffee were given.

The night was cold and a strong wind blew but I had her walked by two strong men all night long out in the street. The effect of the air was invigorating and if even brought into the house for a moment she would sink into a stertorous sleep, the lower jaw would droop and the whole muscular system relax.

Aside from the coma, the most marked features of the case were the severe nervous agitations. These were so severe at times that she could not articulate a word, and it seemed as though every muscle in the body had a powerful galvanic current playing upon it.

The antidotal effect of the Atropine was most marked. The patient said she could feel it throughout her body soon after taking it.

This treatment was continued until six o'clock next morning, when the patient seemed like herself, although almost exhausted from the 20-miles walk. She was allowed nourishment of milk during the entire night, and

slept the next day, a good refreshing sleep.

The recovery was complete, and the lesson taught the young lady, although a severe one, will last her a lifetime.

NEW YORK COUNTY MEDICAL SOCIETY MEETING, FEB. 8, 1882.

Stated meeting of the Homœopathic Medical Society, Co. N. Y. held this evening, Pres. E. Carlton, Jr., M. D., in the chair.

Minutes of January meeting read and approved.

Nominations for membership: S. F. Wilcox, M. D., class '80, No. 24 East 35th st., N. Y., by Drs. J. E. and S. Lillienthal, 135 W. 34th street.

Dr. Sara M. Smith, class of '77, by Drs. C. Williams and S. Lillienthal.

The names of Drs. H. W. Coffin and E. D. Franklin having been reported favorably by the Executive Committee, they were duly elected members of the Society.

Dr. Von Musits read the following paper:

THE SINGLE REMEDY, AND THE SERIFICATION OF DRUG PROVING.

The Homœopathic law "*Similia, similibus curantur*" is a universal guide for the selection of the remedy. The groups or totality of symptoms, the diseased condition presented by the patient is a *fact*, for which we are to find a similar *fact* in the *Materia Medica*.

"The totality of symptoms (objective and subjective) is the sole indication in the choice of the remedy." (Hahnemann's *Organon*, Parag. 18).

This is an incontrovertible truth; there can be no other indication whatever than the *ensemble* of the symptoms in each individual case to guide us in the choice of the remedy.

No drug can be regarded as a true simillimum of any morbid process, unless within its pathogenesis is contained the totality of the phenomena of so-called disease. Drug pathogenesis points out to us the distinct, definite and positive effect of each individual drug upon the organism, thus rendering it entirely within the power of the physician to select that drug whose pathogenesis covers the totality of the phenomena of the morbid process as established by the forces and under the laws of nature.

In order to enable us to make a perfect prescription, that is to find that simillimum of a remedy, which covers the totality of the symptoms of the disease, we have to rely on our work in "Materia Medica."

The Medica Materia comprises or supplies us with a complete and accurate record of the positive effects of drugs upon the healthy human organism. The symptoms are recorded as facts and the sources from which this compilation has been made are several.

1st. Experiments made upon healthy individuals for the purpose of noting the effects of drugs.

2d. Effects observed after poisonous doses (accidentally or maliciously administered).

3. Symptoms observed in the sick after administration of the drug.

Finally: Symptoms, though never observed as effects of drug-action, but repeatedly verified clinically, so that they closely indicate the remedy.

Our Materia Medica is the record of the symptoms obtained in the proving of each drug *individually* not in alternation or in rotation, or of two or more drugs mixed together. We

have no pathogenesis of *Aconite* and *Belladonna*, or *Rhus* and *Apis* alternately. Two or more drugs cannot be the simillimum of a proper recorded case.

The works on Mat. Medica, it is said, are either too concise, or too diffuse, and imperfect in condition. It would be far more manly and honest to say frankly, that it is the want of knowledge of remedies which have been verified in practice for more than half a century, and that the real reason is to be found in the haste and confusion of our prescription.

The practice of alternations of remedies leads directly back to polypharmacy. The provings of drugs in our Mat. Med. are sufficiently reliable, and if we accept their simple data, study them diligently and apply them to the sick after Hahnemann's method we shall not fail to become accurate prescribers with a single remedy, instead of searching for some theory of action, on which to base a theory of cure.

The practice of alternating remedies, or prescribing superficially, leads to many disappointments on the part of the prescriber, and he will be surprised after a careful prescription (according to his alternation practice) to find his patient at his next visit worse instead of better, and why this? the two remedies, prescribed innocently and unconsciously of their effects, may be antidotes, as: *Apis* and *Rhus*, *Ars.* and *China*, *Ipec.* and *China*, *Nux vom.* and *Pulsatilla* etc. Further, when such a case is not relieved or on the contrary suddenly becomes worse under the alternate use of two or more remedies, some other explanation is found or is then sought after, but not the real one namely "*the alternation.*"

The individualities of a remedy often serve to distinguish it from another very nearly allied, and it is on

these, that its chief value depends. It is not the Mat. Med. that is at fault, imperfect or unreliable so much as the manner of using it. Dunham says: "To select the remedy after a masterly examination and record of the case is comparatively easy, but to take the case requires great knowledge of human nature and of the history of the disease. The pathological condition is largely theoretical, for which it would be difficult to present anything similar but the theory of the action of the drug,—this never would meet the requirements of a law of cure, and therapeutics as a science would be an impossibility; for the pathologist and diagnostician is the pathological anatomy of a case a fact of prime value; the therapist and prescriber again will find his indication for the right remedy, by the general and special diathesis of the sufferer, and by the totality of the symptoms manifested by the sick, to relieve and cure a disease.

A case of a very severe sickness, cured by the *simillimum*: Illustration.

Last summer, *July 2d*, I was called to see a little boy *æt. 6*, who was taken sick,—as his mother says,—suddenly with a severe headache, burning heat of the whole body, great drowsiness and apathy.

I found the boy lying on his back, eyes half closed, severe headache, flushed and puffed face, labored breathing, slight cough, constipation. Pulse 140, temp. $103\frac{1}{2}^{\circ}$, soporous, very little or no thirst, refuses everything to eat or drink. On examination a small dull spot on left lower lung. Diagnosis decided.

Prescription. *Apis. 200*. I had to leave the city for a few days and left the case under the care of my friend Dr.—

July 5th. I had returned to the city and found the boy in a poor, al-

most hopeless, condition. Our diagnosis "*Cerebro-Spinal Meningitis*," indeed his condition gave very little hope for a recovery.

I visited the patient at 11 A. M.

Severe headache, moaning, slight strabismus, but eyes fixed, and unaffected by light, pupils contracted;—great thirst. Strangulation in throat, inability to swallow—every attempt to swallow even water causes cramps of the *œsophagus* like paralysis of the muscles; takes every thing to the mouth in a greedy manner, and the very attempt to swallow it brings it back again, even the medicine came back mixed with blood through mouth and nose. Unable to talk, tongue thickly coated, face pale, features distorted, frothing from mouth. Abdomen tense and distended. Urine and *fæces* passed in bed unconsciously. Breathing slow and laborious, snoring, rattling, constriction in throat. Respiration exceedingly weak. Hoarse, keeps sighing from time to time, pulse 100 feeble and threadlike, compressible, temp. $100\frac{1}{2}^{\circ}$. Skin dry, only on attempting to swallow, a clammy perspiration on the body and face. *Opisthotonos* very extreme; muscles of the neck hard and rigid. from the occiput to the sacrum the back curved like an arch; back sensitive and painful to touch; extreme drowsiness during day, restless at night; sleeps with partly open eyes. Extremities cold, motion of all the limbs is trembling. These symptoms from beginning to end are totally covered by the symptoms of *Opium* recorded in Allen's *Encyclopedia*, vol. vii.

I prescribed *Opium* in a very high potency, a dose in 12 teaspoonfuls of water, to take every 5, 10 or 15 minutes, a few drops of this solution on the tongue until decided amelioration will be seen; then a teaspoonful of it every 1 or 2 hours. I saw the patient

again the same day at 6 P. M., decided improvement, swallowing easy, no more cramps, and no more blood from mouth and nose; can drink the medicine and water freely; opium continued every 2 hours.

July 6th.—At 10:30 A. M., the patient drank before my arrival a cupful of milk, and ate some toast without any difficulty; muscles of the neck not so rigid, more soft; had a good natural stool on the vessel, and passes urine only in the vessel, asking for it. The improvement was so surprising that it could be hardly believed that the patient was the same who was so hopelessly sick 24 hours ago. Rhus 20 th. every 4 h.

July 7th and 8th.—Stead improvement. Rhus 20 th. every 4 h.

July 9th, 10th and 11th.—Every night a dose of Nux v. 200.

July 12th.—Saw the boy out of bed; no opisthotonus; good appetite, bright and cheerful; but the strabismus remained the same.

The boy has been since I saw him the last time July 12th, in best health and his parents moved out to Morrisania soon after his recovery. About a month ago I heard that his eyes are also improving.

I regret that I am not able, with regard to my time, to give you more illustrations of "single remedy cures." For the same reason also I could not finish my paper on the drug verifications, and I will try to bring it before the society some other time.

Dr. Lillienthal wished to know why Dr. Von Musits changed his remedy and gave Rhus after the Opium and the Nux.

Dr. Von Musits said that the opisthotonos and rigidity of the muscles as well as the restlessness, indicated Rhus.

Dr. L. mentioned the fact that eminent men in the profession advocated the administration of a single dose of

the indicated remedy and watching its action. Do you believe in such practice?

Dr. V. M. said: "I have discussed this subject with Dr. A. Lippe and others, and they said that in acute cases they would give the remedies as often as every fifteen minutes or even every five minutes if required."

In the course of further remarks by Dr. Lillienthal, he added that Hahnemann advocated the use of remedies in frequently-repeated doses, giving camphor for cholera every five minutes, and even every two or three minutes. For alternation we have the authority of Bönninghausen, who gave five powders for croup, Aconite, Hepar, Spongia, Hepar, Spongia, in the order named.

Dr. Von Musits related a case of chronic cystitis, patient 75 years old, accompanied by copious discharge of blood from the bladder, cured by Cantharis. He first gave the 200th potency, with no apparent benefit; being satisfied that Cantharis was the remedy, gave the one-millionth potency, which after three doses resulted in cure.

Dr. J. E. Lillienthal related a case of persistent vomiting in a young woman. The patient vomited for five days a greenish watery substance, aggravated by taking water or food, and accompanied by chilliness and thirst for cold drinks, finally cured by *Cuprum arsenicosum* 30.

Dr. S. Lillienthal said, "I was called in haste a few evenings since to see an old gentleman, the perfect picture of health, suddenly seized, while bending forward, with a severe pain in the back. He was unable to move the trunk without producing intense pain, screaming at any movement of the body. He compared the pains to electric shocks running up the spine through the shoulder blade. I found only one remedy having the symptom

viz., Euonymus, which speedily relieved him."

President Carlton spoke of a case, paralysis agitans, which he desired some assistance in treating. There is sensation as of a shuttle being moved from side to side on the back of the neck, together with a trembling of the upper extremities.

Dr. Boynton related a case (which was not really a verification,) of a nurse taken with a severe pain in the right side, she thrashed and screamed with pain. I found she had a dull heavy and continuous pain beneath the ribs on the right side, otherwise normal, no fever, no increase of pulse; pain not increased by either pressure, breathing or change of position. The pain increased next day to such an extent that she would walk around the room and change position constantly to get relief. It extended to the region of the stomach where it was a constrictive, cramping, twisting, boring pain. In the evening it had extended to the left side and down the legs with cramps in the calves and thighs. She suffered all that night and the day following. The pains left the left side and stomach on the next day but still continued in the right side, at intervals in the stomach, thighs and calves. She had had irregular menstruation during the past two years and had indications of approaching climax. After trying various Homœopathic remedies to meet symptoms, but ineffectually, I gave her eight grains of quinine followed in three hours by six more which freed her entirely from pain. I confess my inability to relieve the trouble with sublime means.

President Carlton said he had two cases quite similar, relieved by Colocyath. Another patient a gentleman with about the same symptoms, was sick 48 hours and died under Allopathic treatment. Dr. Lippe remarked

to him that it appeared to be epidemic.

Miscellaneous business was then entered upon and Dr. T. F. Smith the Treasurer said there seemed to be a doubt with some of the members if an assessment could be legally levied on members of the Society except for some specified object and some of them say they will not pay it until the question is settled although it has been done for several years past.

The law is such that the privilege is given the society of levying upon and assessing each member one dollar a year, but it must be for some specified object. It was then *Resolved*, That the Committee on Legislation be requested to investigate whether the assessment which has been levied this year and for years past, is legal. To report at the next meeting.

Adjourned.

F. H. BOYNTON, M. D.,
Secretary.

WHITHER ARE WE DRIFTING?

BY

H. C. ALLEN, M. D.,

Ann Arbor, Mich.

"EUCALYPTOL IN DIPHTHERIA."

The above quotation headed an article in the December number of THE AMERICAN HOMŒOPATH, from the pen of one of our most voluminous, and withal on the subject of Materia Medica one of the most interesting writers in our periodical literature. But this appears to have been written without his usual care; and certainly, from the standpoint of a homœopath, contains many curious and conflicting statements which sadly need correcting. Some of its

assertions are as sweeping as any to be found in the literature of our school. Had it appeared in the *Medical Record* or in *Scudder's Eclectic*, the eternal fitness of things would have been observed, as its teachings are in harmony with the *try* method of introducing new remedies, so much in vogue in the schools of medical faith of which they are representatives. We would naturally expect a physician of the eclectic or dominant school to accept the *ipse dixit* of any experimenter, and to forthwith laud to the skies an *improved* remedy, if he had made a cure or two in some particular disease by name. Then, when he had lost a few patients under its use, he would throw it overboard as he had done its countless predecessors. Is this not the reception accorded every new remedy in either of the schools mentioned? But that a professor of materia medica in one of our colleges should adopt the "try" plan of introducing a new remedy for so serious a disease as diphtheria, should so far forget himself, his school and his principles of practice, as to forsake his therapeutic guide, borders on the marvellous. I happen to be a member of one of our State societies, hence read the article with more than ordinary interest; and the writer of "Eucalyptol in Diphtheria" refers to the statement in "the transactions of our State and County societies, in which the physician states he has treated seventy cases with but two deaths" as "*vain and lying boastings*" (italics mine).

He further says: "I am sorry to say that very many physicians who ought to know better call all cases of aphthous tonsillitis, and ulcerated sore throat, *diphtheria*." This may be technically true; but, is the following? "The fact is that true diphtheria is a very rare disease, and not only rare but very fatal. My experience is that

not one case in ten recovers—perhaps not one in one hundred." All writers in our school, Raue, Helmut, Guernsey, Dake, McNeil, Gregg, Oehme, as well as Oertel, Wagner, and many others in the dominant school, distinctly specify the *sporadic* and *epidemic* forms, and of the latter as *mild* and *malignant*. All authors agree that diphtheria, like scarlatina or any other epidemic, may be mild or malignant. Hence I submit, "that the physician who treated seventy cases with but two deaths," in a mild epidemic, is not in the experience of a majority of *homœopathic* physicians guilty of "vain and lying boastings." While on the other hand the physician in whose experience "not one case in ten recovers,—perhaps not one in one hundred" is an alarmist, or his *homœopathic* (?) treatment is very questionable indeed.

A glance at the pathology of diphtheria as understood by the writer on *Eucalyptol* may aid us in comprehending the treatment. He says: "It is now known that the poison of diphtheria is propagated by a microscopic fungus." It is true that many pathologists entertain or have entertained a theory that the *micrococcus diphtheriticus* was the cause of this affection. But at best it is only a *theory*; has never been satisfactorily demonstrated; and Wagner, one of the ablest of *old* school writers on diphtheritic pathology stoutly denies the theory, and contends that as yet its specific poison is unknown. It is probably true that yellow and other malignant fevers of the South are due to the existence of a vegetable fungus for their origin and propagation; and the best of it is that frost promptly checks the epidemic by destroying the germs, while diphtheria is epidemic in malignant form in the coldest winter as well as the hottest summer. But it remained for Gregg, a homœopath, to

explode this "pathological phantom" of bacteria or micrococci in the blood and demonstrate more ably than any other pathologist has ever done the true cause of this affection. If his theory be true it has a most important bearing upon the treatment, and proves the therapeutics of Hahnemann to be founded upon a sound and enduring basis. Dr. Gregg's pathology has one strong recommendation—it is the latest advanced.

What becomes, then, of the writer's theory of the beneficial action of *Eucalyptol*, when he says: "It is now known that the *Eucalyptol* has greater anti-septic power than any other known drug"? And it was for its anti-septic action he employed it—as he used it with an atomizer—to destroy the disease producing "microscopic fungi," which some pathologists assert exist only in the imagination of the physician. "I had tried *Bromine*, *Potash*, *chlo.* and *permanganate*, *Kali bich*, *Tartaric acid*, etc., etc., as topical applications, but none of them have in my hands prevented the extension of the exudation." They never, in the hands of any other man, have prevented the extension of the exudate, and *Eucalyptol* will share the same fate, for the reason given by John Hunter and Samuel Hahnemann for not treating syphilis by topical applications.

John Hunter says: "Not one patient in fifteen will escape syphilis, when the chancre is removed merely by local treatment;" and "the local removal of the chancre, should it even have been accomplished ever so speedily, was *always* followed by an outbreak of the internal syphilitic disease." Fabre also says "that the local removal of the chancre is always followed by syphilis."

Hahnemann says "that the venereal disease existed already in its full-

ness in the organism before the chancre made its appearance, and that it was an unpardonable mistake to remove the chancre by external applications, and to consider this removal of the chancre a complete cure of the disease. In my practice of fifty years I have never seen syphilis breaking out in the system, where the chancre was cured by internal remedies, without having been mismanaged by external treatment." And so it is in acute as well as chronic constitutional diseases. Diphtheria treated by topical applications is frequently followed by sequelæ, often fatal and always more obstinate to manage than the original disease. And it is affirmed by some of our ablest practitioners, who have had an extensive experience in the treatment of this disease, that cases treated by the highly attenuated remedy, without topical applications of any kind, make the quickest recoveries and are never subject to sequelæ, (*vide* Raue, Guernsey, Gregg, McNeil and others). As there are no published provings of *Eucalyptol*, and only a fragmentary one of *Eucalyptus glob.*, it must have been for its antiseptic qualities that it was used in diphtheria with such wonderful results. Must we, then, drop our *therapeutic guide* in the treatment of this affection, after it has successfully carried us through epidemic scarlatina, cholera and yellow fever, as soon as we find, or think we find, an antiseptic sufficiently powerful to destroy an imaginary microscopic fungus?

And shall we also abandon "the strict inductive method of Hahnemann," the banner under which our school has won so many glorious victories on many a hard fought field, for this theoretical antidote of a purely theoretical pathological condition, yclept, diphtheria?

But let us analyze the cases and see what the *Eucalyptol* really did.

CASE I. A boy ten years of age, was taken with headache, pain, and slight soreness of the throat. Aconite and Belladonna was given in the evening I was called. The throat was simply *red*. The next morning two *oblong*, pearly patches appeared on the tonsils. This *elongated* appearance, and an unmistakable *projection* from the surface is pathognomonic of diphtheria. During the day a watery, acrid flow from the nostrils, and inspection showed that both anterior nares were closed by the exudation. I have great confidence in *Merc. cyan.* in diphtheria, but it has failed to cure many cases when it seemed indicated. I prescribed it, however, a few grains of the 3x in a glass of water, a spoonful every two hours. I had tried Bromine, Potash, chlor. and permanganate, Kali. bich, Tartaric acid, etc., etc., as topical applications, but none of them have in my hands prevented the extension of the exudation. In this case I resolved to test the value of *Sander's Eucalyptol*, made from the *leaves*, (this is the only preparation of any value. The oil usually sold is a distillation from the wood and bark, and is more like Turpentine burning and blistering the mucous membrane, and the skin, even when largely diluted). I ordered the following prescription:

R Sander's Eucalyptol.... ʒ i.
Glycerine ʒ i.
Alcohol..... ʒ iv.
Aqua..... ʒ iii.

To be used in an atomizer. The throat and nostrils to be sponged every two hours.

In twenty-four hours the patches assumed a less firm appearance; they looked shreddy, and had grown but little. This treatment was assiduously kept up day and night for five days, (after the third day the inter-

vals between the medicines was lengthened to four hours). By this time the exudation had disappeared from the throat; the nostrils were freer and the child made a good recovery with no sequelæ.

In the first case *Aconite*, *Belladonna* and *Mer. cyan.* were successively given before the new antiseptic had a chance to test its powers. The symptoms given, "headache," "pain," "slight soreness" "simply red," would certainly indicate *Belladonna*, and the only symptom given that would in any way characterize a malignant case, is the appearance of the exudate plugging the nares. The character of pulse, temperature, odor of breath, prostration &c., &c., and many other serious symptoms may have been present, but none are mentioned, and I submit that *Bell.*, and *Mer. cyan.* had much to do with this cure. In fact many a case as genuine and severe as this one apparently was has recovered under *Mer. cyan.* without any topical applications or antiseptic treatment whatever.

CASE II. A boy six years of age. The nostrils were not affected. Same appearance in the throat. The same treatment was adopted. Cure in six days.

Same treatment in this case would mean *Acon.*, *Bell.* and *Mer. cyan.* for some hours, or days, then *Eucalyptol* in spray.

In each of the three cases *Mer. cyan* was prescribed; while in the first and second *Acon.* and *Bell* were also given.

The writer says: "I have great confidence in *Mer. cyan.* in diphtheria but it has failed to cure many cases when it seemed indicated." *Mer. cyan.* never failed to cure where it was indicated (in a curable case) nor any other remedy.

In conclusion the writer adds: "I have to record that the successful

issue of these three successive cases have given me new hope, and encouraged me to take hold of such cases without the usual fear and trembling."

It certainly does not seem to require *much* to give some of us "new hope" in combatting this affection. The treatment in these cases may explain the writers experience "that in true diphtheria not one case in ten recovers;" but if it does it leaves us in the dark as to what "true diphtheria" is. Nothing in the record of these cases will define it.

No wonder "the records of the treatment of diphtheria in our school are singularly unreliable." How could the records of the old school be more so, when the treatment is practically the same?

No; the fault is not that we err in diagnosis, but that we forsake our guiding star, the law of the similars, "give up the inductive method of Hahnemann," and return to the "try plan," the unscientific uncertainty of the "rational" antiseptic treatment, and "the flesh pots of Egypt." What is the use of making any more *materia medica* by proving new remedies or reproving old ones if we are to throw it overboard for every new antiseptic?

A PATHOGNOMONIC SIGN OF EXOPHTHALMIC GOITRE.—(*La France Medicale*) A pathognomonic sign, according to Dr. Abadie, is spasm of the elevator of the upper eyebrow. When the patient looks downward, the levator palpebrarum remains immovable, and the superior portion of the sclerotic is exposed. M. Abadie believes the disease to spring originally from disease of the sympathetic nerve.

A CASE OF OVARIOTOMY IN WHICH A HIGH TEMPERATURE WAS SUCCESSFULLY CONTROLLED BY COLD WATER

BY

N. P. DANDRIDGE, M.D.

K. K., aged 20. domestic, single. entered the Cincinnati Hospital supposing she was pregnant. Family history negative. Has always been healthy. First menstruated at 18, and continued regular up to July, 1880. She did not menstruate in July or August; a slight flow appeared in September and October, and did not again recur until April, 1881. In July, 1880, she noticed that her abdomen began to enlarge, but cannot remember whether one side was more prominent than the other. She had never suffered any pain, though recently has been somewhat short of breath. Has indulged in sexual intercourse, the last time in July, 1880. Vaginal examination showed the cervix normal; there was no enlargement of the breasts, and no movement of the child could be discovered. Auscultation was negative. Indeed, the only symptom of pregnancy was the enlargement of the abdomen.

The time of her expected confinement having now passed several months, Dr. Taylor, under whose care she was, introduced a sound and found the uterus empty and of normal size. The abdomen was nearly symmetrical, being somewhat more prominent on the right. Fluctuation was apparent, though more distinct below than above the umbilicus.

On June 20th I was invited by Dr. Taylor to examine the case. The above facts were confirmed, and an aspirator needle introduced into the most prominent part, and a half gallon of clear fluid drawn off. This was found to contain albumen, granular and other small corpuscles;—the spec. grav. 1013. Following this as-

piration a depression appeared on the left side, opposite the point of puncture, though the general enlargement was not sensibly diminished. From this puncture it was evident that a small cyst only had been penetrated by the needle. The breathing now became somewhat easier. The character of the fluid withdrawn established at once the presence of an ovarian cyst; owing, however, to the extreme heat of the weather it was deemed advisable to postpone operative procedures, as there were no pressing symptoms to contraindicate delay. Arrangements were made to operate as soon as the weather would permit. The propriety of operating in the hospital was carefully discussed, as all former ovariectomies had terminated fatally. The suggestion to transfer the patient to the Branch Hospital, several miles in the country, was found to be impracticable, so no alternative was left. Every precaution was taken to guard against all possible sources of septic trouble. The ward in which the patient had been placed was occupied only by women waiting for the termination of their pregnancy. At the time of delivery they are transferred to another ward, where they remain until they are ready to leave the hospital.

The extreme heat moderated, and a consultation having decided upon the propriety of the operation, July 23rd was appointed for its performance. To guard against all possible source of danger, the ward was emptied entirely of its inmates, and a day and night nurse detailed to especially attend the patient. The patient herself was prepared by daily tepid baths. Nine o'clock in the morning was determined upon for the operation, and every care was taken to ensure the most minute antiseptic precautions. At 8.20 a hypodermic injection of atropine, gr. $\frac{1}{8}$ and morphine

gr. $\frac{1}{4}$ was given. It was the intention that this injection should precede the operation only a few minutes; but owing to a delay caused by the spray lamp not being ready, the operation was not begun until 9.40—an hour and ten minutes after the injection. The operation itself proved very simple; an incision less than four inches long was sufficient. The anterior surface of the cyst was free from adhesions by passing a sound between it and the abdominal wall. The trocar first entered a small cyst, which contained about two pints of fluid. When this was emptied, the opening was enlarged, and the septum separating it from the main cyst punctured. Traction was made as the fluid escaped, and the entire cyst easily drawn from the abdominal cavity, no adhesions of any kind existing. The pedicle was narrow and quite long. It was transfixed, and each half tied with a strong piece of carbolyzed silk, and an extra turn then taken round the whole mass. It was then cut short and dropped back.

The right ovary was examined and found healthy, and a sponge was passed to the bottom of Douglas' cul-de-sac to remove any fluid which might have lodged there. The edges of the wound were brought together by four deep carbolyzed silk, and four superficial cat-gut sutures.

During the entire operation the spray from one of Lister's double nozzle lamps played on the entire field of operation, and the utmost care was observed in guarding against the use of any but thoroughly disinfected sponges and instruments, those employed being continually washed afresh in carbolyzed solutions.

The usual Lister dressing was then applied, the inguinal regions being packed with salicylated cotton, and the whole enclosed in gauze bandages. The operation lasted one hour

and five minutes. The anæsthetic was not tolerated very well. Vomiting occurred, and once it was necessary to stop the operation.

Following the operation, the stomach continued extremely irritable, rejecting everything. During the night menstruation appeared. It was found necessary to empty the bladder by the catheter. Morphia was given hypodermically. The temperature ranged at about $101\frac{1}{2}^{\circ}$, until the afternoon of the third day, when it suddenly rose with very alarming symptoms. Meeting Drs. Taylor and Mackenzie at the hospital, we found our patient had just awakened from sleep somewhat delirious, with a temperature of 105° . There was pain over the abdomen and a bad smelling discharge from the vagina. Thirty grains of Quinine were at once given by the rectum. The vagina was syringed out with carbolized water, and she was placed upon a Kibbee cot, and douched with water ranging in temperature from 80° to 90° , over the chest and abdomen. This, of course, necessitated the removal of all the antiseptic dressings. The edges of the wound were found united throughout their entire extent, and there was not one drop of pus present. As a precaution against any strain from coughing or sudden movement, the wound was supported by adhesive straps. At six o'clock her temperature in the mouth was $101\frac{1}{2}^{\circ}$.

She was left in the care of Drs. Raschford and Caldwell, Resident Physicians to the hospital, with directions to take her temperature every half hour, and if it rose to renew the sprinkling. At 6.45 the temperature rose to $101\frac{1}{2}^{\circ}$, but was reduced to 100° in a few minutes by the watering pot. During the night her bowels acted twice. Once the temperature rose to $101\frac{2}{3}^{\circ}$, and she was sprayed over the chest and arms with cold water.

When seen in the morning, at 9.45, temperature $100\frac{1}{2}^{\circ}$, pulse 100; at 3.30 p.m., temperature 100° , and from that time never rose above that point, and the patient made an uninterrupted and an uneventful recovery. July 29th the deep sutures were removed, the wound was then healed throughout its entire extent by the first intention without the appearance of one drop of pus. The day after the removal of the antiseptic dressings the wound was covered by the boracic acid, and so kept throughout the entire case. August 5th, she was allowed to sit up for the first time.

The interest in the case centres around the sudden and extreme rise in temperature on the evening of the third day after the operation, and the very satisfactory manner in which this was controlled by the application of cold water. Was this sudden elevation due to septic influences, or was it a sudden explosion of malaria? Was the cold effusion, or the thirty grains of Quinine the essential factor in the successful result? That it was not septic, may be assumed from the fact that the alarming symptoms once controlled did not again recur, and from the satisfactory condition of the wound throughout—healing by the first intention without the presence of one drop of pus. On the other hand, explosions of malaria are not infrequent after severe operations.

One other view suggests itself for consideration in the light of Keith's declared opinion before the International Medical Congress, that high temperature is more frequently found in ovariectomies in which the antiseptic dressings (Lister) have been employed, and that they are due to the irritating or poisonous influences of carbolic acid, especially in the form of sprays. This assertion, suggestive as it is, can hardly yet be decided on.—*Obs. Gazette.*

URÆMIA IN INFANTS WITH CONTRACTED PREPUCE.—Dr. C. A. Hart, in *Med. Record*, reports the following cases: O. H. F——, born in Plainfield, December 14, 1881, of average size but poorly nourished, weighing only 4 pounds. All the natural functions were properly performed, except he was a little slow in urinating; examination showed a long prepuce with an exceedingly small orifice. Circumcision was determined upon, but deferred until the mother had rallied from her confinement.

Everything progressed favorably until December 22d, eight days after birth, when I was hastily summoned to see the child. Being some distance away I did not reach the case until midnight, when the following conditions were found: pupils widely dilated, skin suffused; pulse small and thready; profound stupor. The mother stated that the child had been in the above condition all day, refusing to nurse or be roused. The urine had not been voided since the night before. Palpation of the abdomen revealed the bladder distended above the umbilicus. The act of percussion caused the child to void fully six ounces of urine. Circumcision was immediately performed. Dense glandulo-preputial adhesions were found and broken up. The preputial orifice was a mere pin-hole. In a few hours the child began to nurse and evince more vitality. The bladder was paralyzed from over-distension, and did not regain contractile power for two days, it being emptied by pressure over the pubes. All symptoms of uræmic disturbance completely disappeared in about two days; since then everything has been satisfactory.

The above case is the second of the same type which has come under my notice. The first was about four

years ago, in a child three years of age; full uræmic symptoms existed, and convulsions had been occurring for several hours. Death took place in less than thirty minutes from the time I entered the house. He had a long, tight foreskin, and his mother stated that he had always been troubled in making his water. He had been medicated for various maladies, some of them evidently of a nervous character.

The explanation of the symptoms in the first case is entirely mechanical. The urine backed up from the bladder, compressed the kidneys, and without relief would undoubtedly have resulted in death.

I am convinced that like conditions occur more frequently than is suspected by the profession, and many cases of infantile convulsions and nervous maladies will be found to depend upon preputial abnormalities. For years I have given this subject close study and observation, and am surprised at the number and diversity of nervous troubles arising from this source. A practical point in the care of cases of glandulo-preputial adhesions is, after their destruction, the observance of particular care in the daily retraction of the foreskin and rigid cleanliness. A neglect of this for a few days, sometimes for a few hours, will result in the reformation of adhesions and return of reflex symptoms.

They use at the Pennsylvania Hospital for the Insane, water-beds made by stretching a piece of gum cloth over a shallow trough.

THE
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EDITORIAL.

THE NEW CODE OF MEDICAL ETHICS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The new or amended code of medical ethics lately adopted by the "Medical Society of the State of New York," concerns only the members of the allopathic school, who are expected to be guided by it. To the members of our school it is only a public document, of sufficient interest to examine its value to the profession at large, or its remote bearing upon our interest.

The main new feature of this code, if code they must have, is certainly a step in the right direction, inasmuch as it shows a proper regard for the laws of our country, by acknowledg-

ing as equals all legal practitioners who are recognized as such in our State.

But this step is of no consequence to the homœopathic profession. In the infancy of our school it might have been of value to its members, when surgery, obstetrics and other specialties as such were not cultivated by many of its disciples, for their time was wholly occupied with promulgating the new therapeutics and the law upon which they rested. But it is far different now, when we can point with justifiable pride to our eminent surgeons, obstetricians, oculists, aurists, and distinguished practitioners in almost every other medical specialty, whom the general practitioner can call in when a consultation or operation becomes necessary. Homœopathy does not seek nor need the patronage of the elder school.

Why then should any homœopathic physician be tempted to call an allopathic physician in consultation when all he requires he can find in his own school, and better, for in the other he can be assisted only in diagnosis and prognosis; while in the *main* object the *cure* of his patient, which can best be accomplished only by the selection of the appropriate homœopathic remedy, he can be assisted only by his homœopathic brother, for his allopathic colleague is even proud of his ignorance in this department of therapeutics.

But we do not see why physicians, who boast, and justly so, that the members of our profession are

gentlemen, need any code at all. Codes are only of use where laws are required, and laws are only made to restrain the evil-disposed. A gentleman is a law unto himself, and the christian has been taught that the chief law as regards his conduct to his fellow being is, "Do unto others as you wish them to do unto you."

Dr. Roosa struck the true keynote, in his offered amendment, in which he asserts "that the only ethical offenses for which it is claimed and promised to exercise the right of discipline are those comprehended under the commission of acts unworthy a physician and a gentleman."

This is indeed the only law that can and will bind a gentleman; all others are only made to be evaded by men who have no just claim to that appellation.

All other laws that we may make will have to be abrogated when we find how completely they fail in accomplishing their object to make gentlemen of men who have no desire to be such.

We sincerely hope that *our* societies, both State and County, will see that antiquated ideas, borrowed from guilds and close corporations of the past, are incapable to perpetuate codes, exclusive and illiberal, for any length of time, and that they will abstain from offending the spirit of the age, by treading in the footsteps of the elder society and adopt such an absurdity as a code. Hereafter we may have occasion to examine this new code in detail.

BOOK REVIEWS.

CHEMICAL ANALYSIS OF THE URINE, WITH ILLUSTRATIONS. BY E. F. SMITH, Ph. D., Professor Chemistry in Muhlenberg Coll., and JOHN MARSHALL, M.D., Demonstrator of Chemistry, University of Penn. PRESLEY BLAKISTON, Philadelphia.

This work is based upon *Caselman's Analyse des Harns*, one of the most thorough works on the subject. The authors, who have built upon the basis furnished them, have rendered eminent service to the American students and practitioners, to whom the importance of frequently examining the urine of patients for various diseases has long been familiar.

There are several works already published on the analysis of the urine, but none appears so well calculated to be of practical use to the general practitioner as this, none so well calculated as a guide to what he ought to do, or read; none better for a hasty consultation in cases of emergency when time is valuable. It ought to have a place on every medical practitioner's shelf.

THE OPHTHALMOSCOPE; ITS THEORY AND PRACTICAL USES. By C. K. VILAS, A. M., M. D., Professor of Diseases of the Eye and Ear in the Hahnemann Medical College. DUNCAN BROTHERS: Chicago.

The object of the author in publishing this little volume, was evidently a desire to furnish students and general practitioners a guide to use the ophthalmoscope intelligently. Has he accomplished his task? We

hesitate to answer this question with an unqualified affirmative. The work, in the absence of a better one, will undoubtedly be of considerable assistance to the student who has already made some progress in the study of ophthalmology, but it will not satisfy him. The author is undoubtedly a perfect master of his subject, but he does not always succeed in impressing this upon his readers, because the language in which he conveys his instructions is not sufficiently terse nor always very clear.

But to the thoughtful student it will certainly prove a help in his attempt to master his subject.

It is beautifully got up, and in type which is calculated not to injure the eyes of the most persevering reader. We hope another and revised edition of the work by the author will enable us to recommend it unqualifiedly to our colleagues.

ACONITE POISONING—A SUMMARY OF FORTY-ONE CASES WITH AN APPENDIX OF AN ANALYSIS BY TUCKER OF FIFTY-THREE CASES.

BY

EDWARD T. REICHERT, M.D.

Adults 32, minors 7, unknown 2. Males 20, females 21.

One inhaled the power of the root—recovered; five ate the root—all died, one in $2\frac{1}{4}$ hours, one in 3 hours, one in 4 hours, and two in 5 hours; five took an unknown preparation—three recovered, two died, one in $1\frac{3}{4}$ hours, the other not mentioned; four took poison mixed with pickles—all recovered; one took one-quarter of a grain of the extract—recovered; two each took twenty minims of the tincture of the root—one died, the other

recovered; one took twenty-five drops of the fluid extract—recovered; one took an unknown quantity of the tincture—died in $1\frac{1}{2}$ hours; one took fifteen minims of the tincture—recovered; in one some of the tincture was accidentally spilled on some ulcers—recovered; in another twelve-minim doses of the tincture in guaiacum were taken for three or four days, when the dose was doubled, the first of which caused immediate vomiting, and the second caused vomiting and the sudden induction of toxic symptoms—recovered; one took half a drachm of the tincture of the root—recovered; three each took a drachm of the tincture—one recovered, two died, one in 3 hours, the other unknown; four each took two drachms of the tincture—three recovered, one died in $5\frac{1}{2}$ hours; one took two drachms of a mixture of Fleming's tincture and tincture of capiscum—recovered; one took three drachms of Fleming's tincture—recovered; one took a swallow of the tincture—recovered; one took a half-ounce of the tincture in a liniment—recovered; one took a half-ounce of the tincture or more—recovered; one took an ounce of tincture—recovered; two each took an ounce of Fleming's tincture—one recovered, one died in $3\frac{1}{2}$ hours; one took two ounces of a mixture of equal parts of aconite liniment and olive oil—recovered; one took two ounces of Fleming's tincture—recovered.

Recovered 29, died 13. Average time of the occurrence of death from the time of the ingestion of the poison $3\frac{1}{3}$ hours.

Symptoms appeared in 7 immediately; in 8 within a half-hour; in 7 within 1 hour; in 2 in $1\frac{1}{2}$ hours; in 4 in 3 hours; in 1 in $3\frac{1}{2}$ hours; not stated 13.

Difficulty of swallowing appeared in 8, of articulation 5; articulation

remained perfect 1; salivation 1; increase of the secretions generally 1; lachrymation 2; dryness of the throat 3; intense thirst 4; constriction of the throat 1; choking sensation 1; retching 5; nausea 3; vomiting 17; matters vomited smelt of camphor 2, of alcohol 1, of aconite 1; matters vomited had the appearance of a fluid resembling gravy with stringy mucus 1, a dark grumous liquid 2, bilious 2, mucous 2; purging 6; involuntary defecation 2; tympanites 1; diuresis 1; spit frothy saliva 3.

Pain, great 3, in stomach 9, severe 3, general lancing 1, around the waist 1, down the spine 2, in head 3, burning sensation in the stomach and bowel 6, in the tongue and fauces 6; vertigo 6; tremulousness 2; comatose 1; stupor 1; consciousness remained perfect 11; consciousness lost 5; consciousness lost for a few seconds at a time or at intervals 3; sensibility diminished 3; numbness, general 10, in tongue 6, extremities 5, back 1, face 5, arms and hands 4; tingling 15; pricking, a few; sensation of some part of the body being swelled 3; tinnitus aurium 1; impaired sense of hearing 1; desire to sleep 8; delirious 3; semi-delirious 2; groaning 1; sighing 1; faintness 7; attacks of depression 2; great depression 10; restlessness 8; rigors 1; aphonia 1.

Convulsions, tetanic 1, general 3, slight 2, facial 5, convulsive movements 8. Trismus 2. Paralysis, lower jaw 1, lower extremities 1. Hands clinched 1. Staggering 4; muscular inertia or relaxation 11; collapse 8.

Respiration, labored 8, slow 5, short and hurried 2, quiet and regular 2, dyspnoic 1, hurried and labored 1, slightly stertorous 1, quick and sighing 1.

Pulse, feeble or imperceptible 11, slow and feeble 9, slow, feeble, and irregular 7, feeble and irregular 5,

slow 1, rapid and tumultuous 1, rapid, feeble, and irregular 1, slow followed by frequency and irregularity 1.

Temperature, lowered 3, diminution followed by a rise 1.

Pupils, dilated 17, slightly contracted 1, alternate contraction and dilatation 1, contraction followed by dilatation 1, not dilated 1, insensible to light 3. Amblyopia 5, diplopia 1. Conjunctiva injected 1. Eyes, staring 2, fixed, sparkling, and brilliant 2. Lachrymation 2.

Perspiration, profuse 2, cold and clammy 18. Cold, extremities 14, general 4. Cold along the spine 1, lividity 3.

Countenance, pale 12, anxious 3, pinched 2, livid 2, flushed 2 hypochondriacal 1, depressed 1, heavy 1, dusky 1, expression of agony 2, calm 1, haggard 1, shrunk 1, expressionless 1.

Among the symptoms of aconite-poisoning not particularly specified in the above analysis are many that are either curious or of special interest. In some of the cases there was very marked jactitation, the head being constantly tossed about, or some portion of the body being kept constantly moving, or the patients constantly throwing themselves about violently, etc. The eyes, in one case, were described as feeling as if they would drop out; in others, certain portions of the body felt as if swollen, and even many times the natural size, the head especially being complained of. In one instance a sensation of tightness across the eyes and nose was present, with a feeling on the head as if distorted by the pressure of a vice. Heaviness of the feet and legs, in all probability similar to the sensation which occurs in hashish and certain other forms of poisoning, was also noted; and in one case the sensation was described as though the legs were going away from

him. In another case the teeth felt as if loose, and in another peculiar sensations about the roots of the teeth appearing two days after the ingestion of the poison were noted. Aphonia continued in one case for over two weeks. Delightful dreams in several cases were recorded, and in one the dreams were said to be "horrid." An hysterical condition was developed in one, and in another a peculiar cry was now and then uttered. A dreadful sensation in the pit of the stomach has also been recorded.

In several cases the great danger of raising the patient from the recumbent position was forcibly illustrated in the alarming symptoms, and even fatal results, which followed such indiscretion. The respiration and pulse were sometimes reduced to an extraordinary degree, the former to five or six a minute, and the latter as low as twenty a minute, and the patient recovered. In one case the temperature was lowered 14.2° F. (!) below the normal, and the patient recovered.*

Analysis of twelve autopsies.

Face and skin pale 2; rigor well marked 5; no rigor in the upper extremities 1; general flaccidity of muscles 1; erection of penis and ejection of seminal fluid 1.

Heart.—Normal 1; empty 1; flaccid 2. Right ventricle, flaccid 2; nearly empty 1; contains blood 3; distended with blood 4. Left ventricle, contained blood 2; empty 3; full 1; contracted 5,—firmly 2. Blood, dark and fluid 6; slightly coagulated 1; loose black clots in heart 1.

Lungs.—Emphysematous 2; infiltrated 2; lower lobes congested 1; dependent parts congested 2; dependent portions somewhat œdematous 1; healthy 1; slightly congested 1; contained sero-sanguinolent fluid 1; black over

the entire structure 1; friable and no induration 1; mucous surface of bronchi congested 1; Pleura healthy 1.

Brain.—Vessels did not appear congested 3; vessels full of blood 2. Dura mater, vessels congested 3; vessels natural 1; adherent 1. Arachnoid, contained a large quantity of fluid 1; contained a slightly excessive amount of fluid 1; contained a normal amount of fluid 3; congested 1. Brain-substance, congested 1; normal, 8.

Gastro-Intestinal Tract and Glandular System.—Tongue, redder than natural 1. Pharynx and fauces, slightly congested 1, violet tinge 1. Oesophagus, congested 3, having a violet tinge 1. Stomach, empty 1, contained grumous fluid 2, contained blood and mucus 2, contained a brownish fluid 1, contained a viscid reddish fluid 3, contained a gray thick fluid 1; surface of mucous membrane congested, and sometimes noted as possessing a bright-scarlet hue, 7, surface softened 2, surface highly congested 3, patches of congestion 3, surface chocolate color 1, reddish-brown patches at cardia 1; action confined principally to the cardiac end or greater curvature 5; ecchymotic 5. Duodenum mucous membrane, scarlet or pale-rose color 3, congested 3, ecchymotic 1; duodenum contained a reddish fluid 3. Small intestine, bright-scarlet color in upper portion, which gradually becomes darker, blackish or brownish as the jejunum is reached, 2. Spleen congested 3. Liver, congested 2, healthy 1, enlarged 1; borders colored dark brown 1. Kidneys, congested 3, intensely congested 1; rather softer than usual 1. Viscera, healthy 1; generally congested 1.

Treatment.—The general plan of treatment pursued in a vast majority of the cases was the evacuation of the

* Jones. British Medical Journal, 1877, p. 258.

stomach, the administration of stimulants in liberal amounts, and the application of external stimuli.

Opium or its preparations were used in four cases, all of which terminated favorably. In one case the quantity administered is not stated; in one, half-grain doses of morphine sulphate were given; in another, three hypodermic injections of fifteen minims each were practised in a short time; in the fourth case, five and a half drachms of laudanum were administered in four hours, without inducing any symptoms of narcotism.

Digitalis was administered, in connection with other stimulants, in two cases. One died; the one which recovered, and which had taken an ounce of Fleming's tincture, was given three hypodermic injections of twenty minims each within an hour.

Amyl nitrite was used in one case with immediate relief to the spasms, the pulse became stronger, and the deadly pallor of the face disappeared. This substance, as I have already pointed out,* is a powerful cardiac stimulant, and promises such good results in this form of poisoning as to deserve a fair and extended trial.

Tincture of nuxvomica was used in one case in three-drop doses, every twenty minutes, and as the practitioner stated, with marked benefit to the heart and respiration. Strychnine has also been employed.

A large number of cases have been found besides the above, but in which some other active poison was taken at the same time, and therefore might materially modify or altogether mask the symptoms produced by the aconite.

Appendix.

The following is an analysis of 53 cases made by Tucker. Adults

47; children, 6. Males 24; females 12; unknown 17.

Four each took three drachms of the root; two recovered, two died. One took one and one-half roots; died. One took a half of a root; recovered. Two each took a small piece of the root; one recovered, one died. Three took an unknown quantity of the root; all died. Six took a quantity of the leaves; three recovered, three died. One took the leaves and flowers; died. Twelve each took two and one-half ounces of the fresh juice; nine recovered, three died. Two each took one-half ounce of the saturated tincture; one recovered, one died. One took one-half ounce of the tincture of the root; died. One took a mouthful of the tincture; recovered. One took fifteen minims of the strong tincture; recovered. One took one and one-half ounces of the tincture (Par. Codex); recovered. Three each took one ounce of the tincture of the root; one recovered, two died. One took twenty-five minims in twenty minims of tincture of belladonna and one drachm of tincture of musk; died. Two each took one drachm of the saturated tincture; both recovered. Five took an unspecified amount of the tincture of the root; two recovered, three died. One took two ounces of the decoction; died. Three each took five grains of the fresh extract; two recovered, one died. One took two and one-half grains of aconitin; recovered. One took eighty minims of the tincture in ten doses; died. One took an ounce of Fleming's tincture; died.

Recovered 27; died 25. Two died in a short time, one in one and one-quarter hours, eight in two hours, one in two and one-quarter hours, one in two and one-half hours, four in three hours, one in a few hours, one in five hours, one in seven hours, one in six days.

*New York Medical Journal, July, 1881.

Symptoms occurred in three immediately, all recovered; shortly after in ten, five recovered, five died; in a quarter of an hour in four, three recovered, one died; in two hours in one, died. No time given in thirty-four.

Tingling and pricking or burning sensations 26, not mentioned 27; vomiting 28, early 20, not until emetics were given 5; no emesis except by emetics 8; violent vomiting 11, copious 4, slight 1; matter ejected green, livid, and bilious 13; no nausea 1; diarrhœa a few, purging 12; pupils dilated 18 (early 15, late 3, contracted 2 (both early), natural 1, not stated 31; restlessness 16; surface cold and sweating 30; respiration short, hurried and labored 20, stertorous 1, not noticed 31; severe pains in abdomen 19; copious flow of saliva 1; dysphagia 3; inability to walk 3; vision dim 5, totally blind 1, almost blind 1, intellect entire 12, stupor or unconsciousness 5, not mentioned 35; paralysis 3, no paralysis of either sensation or motion 1; idiotic 1; apoplectic 1; speechless 1; difficulty of articulation 1; speech thick 1; staggering 2; convulsions general 7; trismus 4; twitchings of the facial muscles 1; excessive trembling 1; tremors 3; cramps 14; shivering 2; great weakness 15; headache and vertigo 14 (slight in 1, violent in 13); delirium 4 (slight in 2, violent in 2); occasional incoherence 2; no delirium or sleeplessness 2; pulse frequent, weak, and often imperceptible, 16, slow and irregular 4; lips blue 2; countenance livid 1; nails livid 12; foaming at the mouth 2; sense of swelling of the tongue or face 13, of the limbs 1; hands clinched 2; syncope 3; tenderness of epigastrium 7; eyes glaring and protruded 1; fixed 1.

Analysis of eleven autopsies.—Lungs congested 7; vessels of brain engorged 5; vessels of pia mater highly con-

gested 3; mucous membrane of stomach red 6; patches of dark color on its surface 3; intestines congested in patches or otherwise 6; rectum and œsophagus very red 3; serous effusion under arachnoid 4, at base of brain 3; abdomen swollen 2; bowels filled with air 2; stomach empty 2, contained gray-colored liquid in small quantity 3; filled with gas 3; right side of heart filled with dark blood 1; liver, spleen, and kidneys engorged 1; healthy 1; blood unusually fluid 1.

NOSODES AND HIGH POTENCIES.*

—Dr. Swan has propounded the theory "that morbid matter will cure the disease that produced it, if given in a high attenuation, and to any other than the person from whom it was obtained." Dr. Theobald touched upon the same subject in our last issue in his paper entitled "A Hair of the Dog that Bit."

The pamphlet before us clinically illustrates Dr. Swan's generalization. We do not quite see wherein this differs from the old isopathy so called. The nosode question can neither be ignored nor laughed out of existence, and at present we offer no opinion on the subject. Still, we would suggest that no man has a right to condemn the use of nosodes unless after a fair trial of them.† Dr. Swan seems to us to be an honorable man and a sound physician, and we believe he speaks the truth; consequently we intend to put his statements to the test at the bedside whenever occasion shall offer.

Of *Psorinum* we have large experience, and words can hardly express our satisfaction with its great effica-

*Nosodes and High Potencies, with Clinical Cases illustrative of their action. By Dr. Samuel Swan, M.D.. Second Edition.

cy in the most severe forms of disease; at present, however, we are only learning. If ever we think we have mastered the lesson we shall forward and try to teach it to others. *En attendant* our thanks to Dr. Swan for his honest efforts to widen the scope of our usefulness. We alway feel grateful to any one who can teach us how to cure. Our use of *Psorinum* we learned from Hering, and we generally keep to the thirtieth. Dr. Berridge and Dr. Skinner esteem Dr. Swan's generalization very highly — *Homœopathic World*.

TREATMENT OF SPRAINS BY COLLODION.—Dr. A. N. Blodgett, in the *Boston Med. and Surg Jour*, p. 294, 1881, relates that in the winter of 1878 he sprained his own ankle, and having tried the usual methods of treatment with very indifferent success, was resigning himself to let the sprain take care of itself, when it occurred to him that the application of *Collodion*, so prepared that it would contract in drying, might be of some service. He made the trial, and was surprised and pleased at the result. For a few minutes no appreciable effect seemed to follow, but after several coatings there commenced a contraction of the whole layer of *Collodion* from all directions at once, to a much greater degree and in a much more efficient manner than any bandage could possibly effect. As the *Collodion* films cracked and divided into scales, these were picked off and fresh coatings applied in succession, until, in the short space of three days, the ankle was restored to its original size, and there was a total absence of pain and tenderness in the joint. In a week he found himself quite well, and has never had a relapse.

Dr. Blodgett cites eight cases successfully treated by *Collodion*. Among

the advantages of this mode of treatment are, briefly, prolonged elastic compression in parts notoriously difficult to bandage properly; waterproof protection to the skin from external irritants or applications; hermetical sealing up of wounds in the region of the strain or sprain; constant access to the part without the removal of dressings; an uninterrupted view of every part of the injured limb; reduction of heat in the tissues; great acceleration of the process of healing with perfect restoration of function; a great degree of immunity from relapse: and absolve simplicity in application.

"So far as my limited experience warrants an opinion of *Collodion* in the treatment of strains and sprains, I am inclined to consider it by far the best, simplest, and most satisfactory method I have ever known. The degree of contraction depends much upon the quality of *Collodion* employed. The so-called contractile *Collodion* must be used for this purpose. To obtain the contractile effect of *Collodion* it is necessary to apply several coats successively, one upon the other. I think I have never applied less than six layers, which is easily accomplished, as the *Collodion* dries very quickly, and a second coat can be applied almost as soon as the first is finished."

"FOOLED BY TEMPERATURE."—In his book on Semeiology, Dr. J. Milner Fothergill has this passage: Often a rise or fall in the temperature heralds a coming change, of which it may be the first outward sign. On the other hand, the student must know that at times rapid rises of temperature are nervous in origin, are, in fact, true neuroses. In one case which came under my notice, in a

very nervous girl, for months the temperature, when taken, was over 103°. This rise was accompanied by increased rapidity in the respiration and the pulse. Yet she was sinking of inanition, and never approached the typhoid condition which is the consequence of a sustained high temperature, nor gave any indication of persisting fever. Once the temperature, when taken, was 104°, yet she was not at all feverish; it was just excitement, and too evanescent to produce any distinct consequences. Further, listen to what Austin Flint says: the physician is liable to be misled by placing too much reliance on the laws of temperature. They are not unfrequently interfered with by complications and accidental events. As an illustration, a young girl had passed through typhoid fever, convalescence being declared, in connection with other symptoms, by the laws of thermometry belonging to the decline of fever or defervescence in this disease. Suddenly hysterical symptoms were manifested, and the temperature rose to 105°. The physician, a man of learning and large experience, was naturally alarmed. In a few hours, however, the temperature declined, and recovery took place without further impediment. The expressive comment made by the physician was: "this is not the first time I have been fooled by temperature!" With regard to the information furnished by the thermometer, as well as other diagnostic symptoms, it is to be borne in mind that there are exceptions to rules which are generally applicable. It is in the female sex that these neurosal disturbances are usually manifested. At the catamenial week of the menstrual cycle, temperature perturbations are common, and a pyrexia, for which there is no apparent cause, may at these times cause unnecessary alarm. *Experto crede!*

POISONING BY BORACIC ACID.--The increasing employment of boracic acid as a topical application gives interest to the following communication from Dr. Molodenkow, of Moscow (*Chl. f. Chir.*)

The first case was that of a man of 25, who, after thoracentesis, was treated by washing out the pleural cavity with 5 per cent. boracic acid water, the operation lasting an hour, and fifteen quarts of the boracic acid solution having been employed, a portion of which remained in the pleural cavity. Vomiting, weakness, with increase of pulse and temperature, and later an erythematous eruption upon the face followed. Within a day or two all these symptoms grew worse, the erythema spread over the body and thighs, mother-of-pearl-like vesicles appeared over the face and neck, vomiting continued, weakness increased, hiccough and dimness of vision; finally, death on the fourth day.

The second case was that of a patient 16 years of age, suffering with an abscess in the region of the hip, which was washed out with 5 per cent. boracic acid water, a portion remaining in the cavity of the abscess afterwards. Within a quarter of an hour uncontrollable vomiting began, and the patient died of exhaustion on the third day. Boracic acid cannot, therefore, be regarded as an indifferent substance,—at least when introduced into the cavities of wounds.

CASE WHERE A FŒTUS DEAD AT THE FIFTH MONTH WAS RETAINED IN THE UTERUS TEN MONTHS.—At a recent meeting of the Académie des Sciences, Dr. Depaul presented a fœtus dead at the fifth month which

was not expelled until the tenth month. The mother was syphilitic. The fœtus, when expelled, was macerated, but not putrefied. Dr. Depaul said that the case was one of great rarity, the fœtus having remained five months after death in the uterine cavity of the mother without causing any untoward symptom whatever in the mother. This case demonstrated that dead and macerated infants may remain in the amniotic fluid of the mother without doing her any harm.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE COMMENCEMENT.—

The introductory address was delivered by J. W. Dowling, M. D., Dean of the College. In the course of his remarks he said that the young physicians who were about entering upon the world would find prejudices to confront. The so-called regular school might not recognize them as physicians, but he exhorted them to manly conduct and to stand by their principles. He rejoiced, however, to see that, unsolicited by the homœopaths, their old school brethren had appointed a committee to revise the code of ethics by which that society had so long enforced an unjust rule prohibiting consultations with homœopathic physicians. Liberal members of the old school had at last shown a disposition to investigate the therapeutics of the system, and an article favorable to homœopathy had actually appeared in the leading magazine of the so-called regular school. Speaking of the proposed law appointing a board of examiners chosen by the State to pass upon the competency of all physicians, Dr. Dowling said that if such a board were fairly chosen the Homœopathic College would favor it. Then in a few feeling words Dr.

Dowling bade the graduating students farewell, and wished them every prosperity and happiness which can fall in this world to the lot of man.

Mr. Salem H. Wales, president of the Board of Trustees, then formally conferred the degrees upon the members of the graduating class. After music by the band, Professor F. S. Bradford, M.D., presented two special prizes to individual members of the graduating class. The Faculty prize for the highest standing in all departments was a complete set of Allen's Encyclopedia, awarded to C. G. Dunning, New York. Another, a Burdick obstetrical case, was presented to W. N. Bell, New York.

Mr. Wales delivered what he called a brief inaugural address, having for the fourteenth time been elected president of the Board of Trustees. He took for his text the giving way of prejudice against homœopathy and the increase of liberality and breadth, not only among the community generally, but on the part of their brethren the physicians of the so-called regular school. He was glad to know that the time had come when a homœopathic physician has a regular standing.

The valedictory on behalf of the graduates was delivered by J. G. Bowen, M. D., of Texas. He spoke of the noble opportunities of the profession he and his fellows were entering, and in touching words of affection and regret said farewell to the professors who had successfully guided them through their studies.

Names of the graduates:

M. H. Angell, O. H. Babbitt, C. P. Beaman, W. N. Bell, J. G. Bowen, L. D. Broughton, Jr., M. D. Cannon, J. M. Christy, H. L. Clarke, J. L. Daniels, C. G. Davis, A. G. Downer, C. G. Dunning, M. T. Dutcher, E. R. Eaton, J. C. Fahnestock, F. A. Gardner, J. B. Garrison, F. Hamilton, E. S. Hayward, H. R. Holman, C. E. Jones,

W. H. King, Henry Kolb, E. B. Lambert, F. H. Lutz, G. R. McGonegal, C. F. Myers, A. C. Norton, W. S. Putney, D. H. Riggs, F. G. Ritchie, G. A. Robertson, Geo. Royal, R. E. Townsend, E. S. Vail.

PUBLISHER'S NOTES AND ITEMS.

Died suddenly, in Savannah, Ga., Dr. Wm. Scherzer, of New York city, aged 55 years.

The March number of the *Art Amateur* exhibits the usual degree of excellence now expected from this valuable work.

The *North American Review* (March) contains an article on the Fallacies of Homœopathy, of which further mention will be made in a later number of this journal.

An Irish male hospital nurse, when asked what case in his ward he deemed the most dangerous, pointed with a grin to the case of surgical instruments on the table, and said "That, sur."

An article which has proved during many years of trial the possession of such invaluable merits deserves an investigation by any not familiar with its use, and the preparation Lactopeptine is commended by thousands of physicians in every section.

The best disinfecting agents, according to Mr. W. M. Hamlet, are in general those capable of exerting an immediate and powerful oxidizing action, and that it is active oxygen, whether from the action of chlorine, nitric oxide, or hydrogen peroxide, which must be regarded as the greatest known enemy to bacterial life.

Russia encourages women in the medical profession. Twelve female doctors are now officially engaged in teaching medicine to women, thirty are in the service of the Zemstvos and forty others serve the hospitals. The number of female students is steadily increasing. Twenty-five female doctors who took part in the military operations of 1877 have been decorated, by order of the Emperor, with the Order of St. Stanislas of the third class.

"Ozone," says Mr. R. B. Warder, has been largely advertised within a few months as a new preservative for all kinds of animal and vegetable substances. The gas is produced by the combustion of a fine, dark powder of cinnamon odor. This substance consists of sulphur mixed with a little carbonaceous matter. On burning, only 09 per cent, of ash remains. The so called "ozone"

is sulphurous anhydride, whose destructive action on the germs of fermentation has long been well known.

Phillips' Wheat Phosphates has attained popularity as a nutrient in a remarkably short time. The combination is a good one, and the manufacturers have an enviable reputation as a reliable and honorable firm.—*Ex.*

Chatterton's Directory of Homœopathic Physicians of the United States and Canada has been in process of compilation for several months. The States already finished show the following results as to total figures: New York, 1176; New Jersey, 229; Maine, 96; New Hampshire, 67; Vermont, 86; Massachusetts, 465; Connecticut, 130; Pennsylvania, 693; Alabama, 6; Arkansas, 18; California, 141; Colorado, 36; Dakota, 12; Delaware, 26; District of Columbia, 31; Florida, 11; Georgia, 20. The average cost of correcting each name is $5\frac{1}{4}$ cents.

LITTELL'S LIVING AGE.—The numbers of *The Living Age* for March 4th and 11th contain Ancient Animals in South America, and The Life of Mr. Cobden, *Edinburgh*; The Babylonian account of the Deluge, *Nineteenth Century*; Bishop Thirlwall's Letters, *Blackwood*; Dr. Sheridan, *Fraser*; A Seventeenth Century Worthy—Sir Simon Harcourt, *Macmillan*; The Authoress of "Auld Robin Gray," and Marie the Frenche Quene, *Temple Bar*; Some Old Comedies, *Belgravia*; The Channel Tunnel, *Spectator*; A Bear Festival among the Ainos, *Nature*; and in the way of fiction "Let Nobody Pass," "Lord of all," and instalments of "The Freres" and "Robin," with the usual amount of poetry.

The Homœopathic Journal of Obstetrics for February 1882, contains the following original articles: A Peculiarly Difficult Case of Shoulder Presentation, with Practical Inferences, J. H. Marsden, M. D., York Sulphur Springs, Pa.; Leucorrhœa, or Uterine Diseases, A. M. Cushing, M. D., Boston; First Month of Infantile Management, W. A. Edmonds, M. D., St. Louis; A Case of Decapitation, F. F. Casseday, M. D., Kansas City; Some of the Unpleasant Effects of Pessaries, Elias C. Price, M. D., Baltimore; An Obstetric Anomaly, F. S. Whitman, M. D., Belvidere, Ill.; The Power of the Specific Remedy, P. P. Wells, M. D., Brooklyn; Intermittent Fever, Wm. A. Allen, M. D., Flushing, N. Y.; Head Symptoms Before, During and After Menstruation, Henry Minton, M. D.; Laceration of the Cervix Uteri, R. Ludlam, M. D., Chicago; Infant Mortality Due to Parturition, O. B. Gause, M. D., Phila.

THE AMERICAN HOMŒOPATH.

NEW YORK, MAY, 1882.

PROCEEDINGS OF THE NEW YORK COUNTY MEDICAL SOCIETY.

The regular meeting of The New York Homœopathic County Medical Society was held March 8th, 1882, E. F. Carleton, M. D., President.

Drs. S. F. Wilcox and Sarah W. Smith, who had been proposed at the last meeting, were balloted for and elected.

Dr. Cowl proposed for membership Dr. Chas. McDowell, graduate of New York Homœopathic Medical College, class '78, seconded by Dr. Norton.

Dr. Dillon asked if the Legislative Committee had looked into the matter of the law relating to compulsory membership in county medical societies.

Dr. Blumenthal said he had not been present at that meeting, he hoped by the next meeting to be able to give a complete report.

Dr. Cowl then related some of his experience in vaccinating. He had vaccinated many hundreds at various ages within the last two months, and thought that more positive opinions as to the mechanical procedure would be valuable.

At the Insane Asylum, Ward's Island, he had vaccinated some two hundred women, by abrading or scraping away the epithelium from a space of from a quarter to half an inch in each case so thoroughly, that sufficient blood was drawn to dissolve the virus, and then freely coating the surface with the virus. The result in these cases was poor, and he is satisfied that an abraded surface is not so good upon which to place virus as one which is produced by scarification, and is uneven. The results were better where lancets were used to scar-

ify which were slightly dull on the point, rather than those which were very sharp, so that under the magnifying glass it would show a slightly serrated edge; such a lance would roughen the epidermis and give more chance to locate the virus in the cut. It is better to have sufficient blood to dissolve the virus in the quill.

He was of the impression that if the virus is in contact with the lower layers of the derma, in a moist condition, for a period of time, it is far more apt to cause a good vaccination than when it is simply placed on a surface which quickly dries. The rules of the Board of Health are that it shall be allowed to dry of itself.

Another difficulty is the tight sleeve, causing more or less hindrance to good vaccination. He had noticed the fact that persons who had gone through attacks of small-pox, as evidenced by marks on the face, and had been revaccinated, presented a normal vesicle, and had sufficient areola to indicate that it was protective, although many physicians believe that in such persons vaccination will not "take." An important point is the diagnosis of the success or failure of vaccination. In the public service it is customary to say to a patient that the attempt at vaccination is a failure if vesicles are not formed upon the eighth day, especially if unaccompanied by areola.

He had seen the arms of patients, who had been vaccinated by physicians, which he would say were not successes, that is, presenting the condition of a raised papule probably $\frac{1}{4}$ of an inch, more or less, square, and showing just the extent of the scarification evenly raised, scarlet, red and not covered with the scab, at least during the first week and a half, and no areola and no œdema.

There is a variety which he was in

the habit of calling fungous vaccination, which resulted in the production of a rounded scab or vesicle and having a scab more or less dome-like.

Dr. Wright said she did not agree with Dr. Cowl in regard to the vesicle appearing on the eighth day; she had two cases one of which appeared on the 13th day and the other on the 17th day, both of which had taken.

Dr. Dowling presented a case, introducing a young man about 22 years old who had been under his care for about three years, interesting from the enormous hypertrophy of the heart and the serious valvular lesions. Patient at present in comparatively good condition, his family history excellent.

Dr. Dowling said it was a case in which were very many interesting points: One being the sound known as the pre-systolic murmur, a sound many are not familiar with, produced by the passage of blood from the auricle through a contracted and roughened auriculo-ventricular orifice, and heard just before the first sound of the heart.

Dr. H. M. Dearborn then read a paper on "The Abolition of voluntary thought."

Dr. Wildes said he had in preparation a paper entitled "Hyperæmia of the Nervous System." Under this head he was beginning to classify many cases that were formerly attributed to organic disease, but in reality are transient in their nature during the exacerbation, but more or less permanent in their nature. He could conceive that no pathological lesion at *post mortem* could be found, and believed that the hyperæmia is more in the sheath than in the nerve substance, more or less constant but passive, aroused into intensity and making itself felt from a variety of causes, such as shocks, emotions, exhaustion, &c. We will find a patient depressed,

more or less prostration of the nervous system, severe neuralgia localized and general, and intense suffering, though they have the unfortunate habit of exaggerating their cases. They will also suffer from derangement of digestion and assimilation. They may be taken down sick for a short time, but quickly recover. Many might say they were not sick. The majority of these cases were under what Hahnemann calls the psora, and the antipsoric remedies are the most useful, *Silicea* especially.

Dr. Dearborn related the case of a young man who had received a wound from a slung-shot on the head about two inches anterior from the frontal and parietal junction two weeks previous. There appeared to have been a contused wound which had apparently healed by first intention. He had not experienced any trouble until about a week before, when, on attempting to exercise a little more actively than usual, he felt a sensation as of a tight band about the head, followed by a feeling of commotion, and was obliged to discontinue the exercise. The sense of constriction returned at any mental effort. These symptoms had appeared every day during the week whenever any exercise was attempted. Face slightly flushed, pulse 80° and temperature normal, complained of a general slight muscular weakness. In his case it seemed that the effects of the blow were transmitted to the medulla and pons and the sympathetic nervous system, probably allowing dilatation of the blood vessels, as would be shown by the symptoms only returning when mental or physical exercise was attempted. Considering all the symptoms he prescribed *Gelsemium*. His improvement has been gradual and steady with no return of the trouble.

Dr. Dowling spoke of a similar case in his own family. His father, a

clergyman for over 50 years, of active mind, had never been sick, mind always clear, tripped and fell, striking his head on the cobble stones. He remained unconscious for a time, was finally restored and brought home. The following morning they sent for him. The patient's brain seemed confused, but otherwise not different from his normal condition; slight discoloration about the eyes and a swelling on the forehead about the size of a goose egg, which, he concluded, contained coagulated blood, and opened. We thought he was getting well, although there seemed to be a change in his manner and habits. Disposed to take long naps and sleep in the morning, his appetite became poor, and in the course of about nine months was reduced in weight, cheerful and happy, and nothing strange appeared in his condition, but from certain strange conduct about 3 years ago we came to the conclusion that his mind was failing; he grew worse constantly, thinking himself very rich. His symptoms finally changed, he lost consciousness and died. His death dating two weeks from the time he was apparently well. Drs. Talcott, Gray and Lilienthal agreed his death resulted from injury to the membranes covering the brain, causing a thickening and pressure.

Dr. Dearborn asked if any of the members had had cases of injury occurring to the brain while the person was asleep. It would be interesting to know to what extent sleep would modify the effects.

Dr. Cowl said he had lately had an opportunity to look up the subject of "shock". All authorities agree that shock during sleep is less than during waking moments, and instances have been given of accidents

on railroad trains. Where no external lesion is present individuals who were awake would suffer from shock, those asleep frequently escaped entirely.

Dr. Dillow said at the last meeting of the State Society the code of ethics governing the State and County Societies had been amended in regard to consultations and indirect advertising, and he believed it would be well for the code of this Society to be equally rigid, and would offer the following resolution:

Resolved, That the Code of Medical Ethics adopted by this Society, January 13th 1869, be amended as follows:

After "neither should he publish cases or operations in the daily prints," Section 3, Article I, Part II, by inserting these words, "nor suffer such publications to be made."

Also after the words, "nor solicit or exhibit certificates of skill and success," by inserting the words, "nor permit his opinions on medical and surgical questions to appear in the newspapers."

Also before the first sentence of Sec. 4, Art. I, Part II, by inserting sentence, "It is reprehensible for a physician to give certificates attesting the efficacy of patented medical or surgical appliances, or of patented, copyrighted or secret medicines, or of proprietary drugs, medicines, wines, mineral waters, health resorts, etc., or to allow his name to be employed in printed endorsement of the same."

The resolution was seconded by Dr. Norton and laid over till next meeting. It was ordered that a printed copy of it be sent with the notice of the next meeting to each member.

Drs. Wildes and Schley were appointed a committee to draft resolutions in *memoriam* of the death of Dr. Wm. Scherzer. Adjourned.

AN IMPROVED URETHROTOME.—Dr. Jardin, in an article upon urethral stricture, describes and figures a new instrument, a flexible-stem urethrotome, which appears to have especial advantages in appropriate cases described in the paper referred to.—*Ibid.*

DIPHTHERIA.

BY

S. B. TOMPKINS, M.D.,

Janesville, Iowa.

I have been much interested in reading an account of what I would designate a mis-called case of diphtheria, let the name of the same be what it may. I hold that we never find a case of true diphtheria without the following pathological conditions being present: There is turgescence of the mucous membrane of the mouth and fauces, causing it to have a *coppery* color; and, further, that the membrane which comes of true diphtheria is of the color of *ashes*, and lays on the membrane just as wall paper is attached to the wall; and if there is anything which appears to stand out now in my mind in the case reported as having been treated successfully by Eucalyptol, it is that it had the following indications: The membrane was whitish, or nearly white, and had the appearance of mucus along its edges; therefore I should call it a case of anginae fauces, and, in my experience, Ars is the remedy that has cured hundreds of similar cases which occurred in my eastern practice. Here I have had only two hundred so-called cases. Only two of these had the pathological indications I have given.

I think that we should all be able

to diagnose, and when called upon to do so, tell what is the difficulty with our patients; but, as a homœopath, I am opposed to calling every case of irritation of the larynx diphtheria. To my view, the difference in the case referred to and a case of diphtheria is very great. Thus one is only a local difficulty, while in the case of true diphtheria we have a profound disturbance of the whole organism, and the indications I have referred to are only the local indications of the same, and that to treat them successfully requires more than the use of a spray locally.

CLINICAL LECTURES ON DISEASES OF THE HEART.

BY

JOHN H. CLARKE, M.D.,

London, Eng.

THREE CASES OF SEMI-FUNCTIONAL DISEASE OF THE HEART.

Case I., due to Alcoholism, cured by *Spigelia*.

Case II., from Smoking, relief from *Actea* and *Spigelia*. Case III., due to Alcoholism, greatly benefited by *Spigelia*. Nature of the Cases—Cases I. and III. compared—Diagnosis of Case III.—Case II. contrasted and compared with the others—Hereditary—Origin of such Cases in Young Subjects—Treatment—Antagonism of Medicines—Homœopathicity of *Spigelia*.

CASE I.—On the 24th of July, 1880, I was consulted by a young man, S. P., aged 27, for a pain at the heart, dizziness, noises in the head, excessive nervousness, inability to sleep. The contrast between the physique of the patient and the character of the symptoms he complained of was very striking. He was a ballast-quay laborer, considerably over six feet in height, powerfully built, well nourished, muscular, dark. For a man of

his build to be complaining of nervousness, sleeplessness, and dread of being alone in the dark, it was plain that there must be some cause at work, external to himself, giving rise to the disorder. The same train of symptoms in a hysterical girl would have excited no surprise, but this man was of a very different nature.

He told me he had been suffering in this way for two or three months. His tongue was dirty at the back; his bowels confined. His appetite was good, and he had no pain after food, though he had been troubled with it formerly. He had always been very strong.

On inquiring about his social habits I found that his occupation required him to go on board many vessels, and wherever he went liquor was offered him, which he did not like to refuse, though, as he told me, he did not want it, and knew he took more than he ought. Besides this, he was a smoker, but not to excess.

This was quite sufficient to explain to me the anomaly of his case. Alcohol is a most powerful cardiac stimulant, and its free and persistent use in this case had brought on the natural result of all over-stimulation—weakness and perversion of function. The nervousness and other symptoms I considered were secondary to the state of the heart.

I explained to my patient the nature of his case. I told him that it was possible for medicines to relieve him, but whether they would cure him or not depended on himself. If he had the courage to refuse to take what he knew was not good for him, even when he got it "for nothing," he would soon be quite well. If he went on as he had been doing of late he would soon be beyond the reach of cure. He was so thoroughly alarmed about himself that he did not hesitate about his choice, and I believe left

off the use of alcoholic drinks altogether. I gave him *Spigelia* 3, pil. i. ter die.

He returned a week later looking a different man. He had slept well, was less nervous, less giddy, his tongue was clean, and his bowels regular. (I have often noticed, when giving *Spigelia* for other affections, that it has relived constipation, when present, as well as those symptoms which more directly indicated it.)

I repeated his medicine, and the next week he reported still further improvement, though there was still a little giddiness, and some gnawing pain at the heart. Pilules of *Spigelia* 1 were now given in the same way, and continued till September 8th. He had giddiness occasionally during this time, and slight palpitation at times, but was able to manage his work very well. His bowels were again a little confined, and he received *Nux Vomica* 1, pil. i. ter die, and this completed the cure. He returned the following week to say he was very much better. I gave him a fresh supply of *Nux*, and told him he need not return unless he became worse. He was so exceedingly pleased with the favorable change that had come over him that I had little fear of his returning to his old habits.

Case II., Feb. 14, 1880.—J. T., 21, a clerk, dark, middle size, well nourished, well made consulted me about a pain he had at the left side, below the nipple, "as if there was something too big under the ribs." This was especially bad after a breakfast of porridge. He fainted at times, and was very nervous, and greatly alarmed about himself, fearing he had heart-disease, his father having died of it, and one of his sisters being a sufferer from it. He had a little cough in the morning, with pains in the chest. Tongue clean, appetite good, bowels regular, sleep bad—it had been good

till a short time previous to his consulting me.

I asked him about his former health, and if he could assign any cause for his malady. He told me he had been always healthy. For the last three years he had done much bicycling. Before that he had felt nothing of this trouble. For three weeks he had been working in a close office lighted nearly all day with gas. He had been worse during the last fortnight, having taken a chill at the seaside.

He had no palpitation. I examined the heart and found all the signs normal. The pulse was steady and full.

I gave him *Actea Rac.* 1, pil. i. ter die.

Feb. 21. The following week he returned, and reported that the pain had been easier, but he had felt a little of it. He had not fainted, and had had no discomfort after food. Sleep still poor, but he was not quite so nervous. The medicine was repeated, and the following week, as he was in much the same condition as regarded the heart and nervousness, and as his appetite was bad and his tongue dirty at the back, *Nux Vomica* I was substituted for *Actea R.*

March 6. Numb sensation over the front of the chest; fulness all round; perspiration at night and sleeplessness; is very nervous; has a bad cold. *Ignatia* 1.

March 10. The numbness has gone from the chest. There is less perspiration, but he is not so well generally. There is continually a dull pressing pain at the chest. He feels faint; hands and feet cold; pulse full; sleep still bad. *Spigelia* 3, pil. i. ter die.

March 13. Decidedly better. Has slept well, no perspirations. Appetite better; spirits better. Repeat.

March 20. Faintness came on on the 18th. Since then he has felt ill; has slept badly; perspired much. Has had no pain in the side. Repeat.

March 24. Has felt worse. Pain has been bad, leaving him faint and ill. Retches with breakfast and tea. Sleep good; has perspired slightly.

I now for the first time discovered the real cause of his illness. Patients have a way of telling their doctors all kind of causes for their diseases except the right one, which in most cases is perfectly well known to them all the time. In many cases it is difficult, sometimes all but impossible, for them to disclose it. Sometimes it becomes possible after a time, when the confidence of the patient has been completely won, by the medical attendant. In many cases, as in the one before us, the patient, partly ashamed to confess some indulgence, and partly desirous of having his sufferings relieved without being compelled to exercise self-denial, purposely keeps his medical adviser in the dark. It is always necessary to bear this in mind, or we shall often be wasting our time and energies in fighting shadows, when with a little trouble we might find the substance and at once put an end to our difficulties.

This patient had told me of his bicycling, of his close office, of his cold, and of the history of heart-disease in his family, and this he considered enough for me to work on. It was only when the partial success of the remedies I administered suggested to me that there was some other cause at work that I inquired more closely, and found out what it was. He was a smoker, and when he smoked could not smoke moderately. At times he abstained from it altogether—generally in the summer time. From October, 1879, to January, 1880, he had indulged to excess, but had been more moderate since then. For a week previous to my finding it out he had again been smoking, and this coincided with the return of many of his

symptoms, in spite of his endeavor to counteract the effects of the weed with stout and port wine !

In repeating his medicine I told him that what benefit he had received from medicines was as much as he might expect until he abandoned the habit entirely. If he did that he might expect to get perfectly well, and need not let the fact of there being heart-disease in the family at all trouble him.

He returned three days later, saying he had been very much better till the day before his visit, when he nearly fainted in the evening. I gave him *Cactus* 1. He did not return, and I did not see him again to speak to, so whether he made up his mind to abandon his habit or not I cannot say.

Case III.—J. B., 37, single, latherer, middle size, fair, florid, shiny weather-beaten-looking complexion, consulted me August 13, 1879, complaining of a choking sensation in the throat and a smarting pain at the heart, worse some days than others; constant gnawing pain in the left side of the chest, weakness of the left shoulder and arm, giddiness, headache, noises in the ears, palpitation, and shortness of breath.

His health had been good till seventeen months previously, when he was taken suddenly ill, "like a corpse." He was then exceedingly nervous, and afraid above everything of going to sleep.

His present illness he dated from twelve months back. It came on gradually. For eighteen weeks previously to his consulting me he had been attending an allopathic hospital, but had received no benefit. He was discharged, and on his discharge-paper he was set down as "relieved." This so angered him that it brought on an attack of palpitation and breathlessness which compelled him to sit

down for a quarter of an hour before he was able to proceed home. His father and a brother were asthmatical. Of late he had been a total abstainer from alcohol, but previously had been a hard drinker.

Tongue clean; bowels confined; appetite poor; pulse feebler right side than left; pupils equal; sight same in each eye.

I suspected aneurism, and gave *Bary.-Carb.* 6, pil. i. ter die, with no beneficial result. I examined him then very carefully on two occasions, and found only a slightly jerking inspiration on the right side of the chest, and a muffling of the first sound of the heart. There was no bruit. The right side of the chest in the inter-scapular region was a shade duller than the corresponding part of the left side. There was slight inequality of the pupils and pulses, the left pulse being stronger and the left pupil larger than the right.

The bowels were confined. He had numbness of the left arm. As *Nux Vomica* is useful in alcoholism and its sequelæ, and as it corresponded fairly accurately to the general condition of the patient, I gave him one pilule of No. 1 three times a day. This had no more effect than the *Baryta*.

August 27. I now directed my attention to the heart itself, as being the organ most injured, and the probable source of the rest of the patient's symptoms. I gave *Spigelia* 3, pil. i. ter die.

September 3. Has been a good deal better. *Bowels regular*. Appetite better. To-day breath is short, and he feels choked; this he thinks is due to his having taken milk for supper the night before.

With the exception of one week when he took *China* 1 for an attack of diarrhœa he continued to take *Spigelia* to the end of the year (1879),

steadily improving in every way, able to work his full time, and enjoy life. He went away for a holiday at Christmas-time, and returned none the better for it. The fogs tried him a good deal, and any mental excitement was sure to throw him back. I again gave him *Spigelia*, and soon afterwards lost sight of him, so how he fared subsequently I cannot say. The wonderful improvement *Spigelia* wrought in his whole condition whilst under my care I can, however, answer for.

I have called the above three cases instances of semifunctional disease of the heart. In all of them the heart was the seat and centre of the suffering. In none of them was any heart-lesion detected by physical examination, unless the slight muffling of the first sound in Case III. may be counted such. And yet they were not purely functional cases. They differed from the cases of palpitation and breathlessness met with in hypochondriacal, hysterical, and anæmic subjects, where the symptoms arose from no discoverable cause beyond the general condition of the patient. In each of them the heart-weakness was traced to the operation of a drug on the cardiac nerves or-tissues, or both.

Cases I. and III. present a striking likeness to each other. The same gnawing pain at the heart was complained of, the same kind of nervousness, the same giddiness and noises in the head, the same sleeplessness and constipation. The same toxic agent, alcohol, was at the root of each, and the same medicine—*Spigelia*—was in both strikingly beneficial. Case I. may be considered as an early stage of Case III. S. P. was a younger man, and his indulgence had not lasted so long, consequently he was speedily restored to health. J. B. was an older man, and an older toper, and his symptoms were, though the

same in kind as S. P.'s, much more severe and long-lasting. Palpitation, scarcely complained of by the one, was a very distressing feature in the case of the other. I am inclined to regard this, combined with the muffling of the first cardiac sound, as an indication that the structure of the heart had become degenerated in J. B.'s case. In Case I., if the disorder had passed beyond the limits of purely functional disease, the organic lesion was not so severe as to be beyond repair. In Case III. the tissue of the heart, and probably the nerves as well, were degenerated, but the tissue that remained was still susceptible of being strengthened by proper remedies.

In this case I at first suspected an aneurism, and my failure to find any definite physical indication of one did not altogether allay my suspicions. I do not, however, now believe that there was one present. If there had been there would have been hypertrophy or dilatation of the heart, of which there were no signs of either. It is more than probable that the arteries were affected with atheroma in the early stage, but that cannot be diagnosed, and the state of the heart itself, with the history of the illness, was quite enough to account for the symptoms.

Case II., though closely resembling the other two cases, presented points of difference, as we should naturally expect, arising as the disorder did from a different cause. All three patients, it is true, were addicted to the use both of alcohol and tobacco, but in two of them the former greatly preponderated, and in case III. the latter. The characteristic features of this case were the continual faintness, sickness, and the dull pressure on the left side as if a substance were there—well-known symptoms of tobacco poisoning.

As for the share hereditary tendency may have had in this case, I pay little attention to that, not knowing what form of heart-disease the patient's father and sister suffered from. Heart-disease is not transmitted hereditarily, though a constitutional tendency (*e.g.*, gouty) predisposing to it may be. In this instance, apart from his abuse of tobacco, there had been nothing to call out the predisposition in the patient, supposing it were there, and that abuse was quite enough to account for the trouble without postulating the existence of any such predisposition.

When we meet with cases of this kind in young subjects, without any history of previous carditis, we may be sure there is some cause at work. Simple fatty degeneration of the heart does not come on in early life without some definite cause. When we meet with symptoms that suggest it, as in the three cases related above, and find no traces of valvular mischief, or previous disease of the organ, we may at once set to work to find out the origin of the suffering. In the majority of cases we shall find it in the abuse of alcohol, or tobacco, or both. Occasionally I have seen it induced by *Arsenic*.

With regard to treatment, the first indication is, of course, to get rid of the cause. When this can be accomplished in time, a complete cure may be looked for. And even when the injurious habit has gone on for many years, much benefit may be hoped for from its discontinuance, and the administration of homœopathically indicated remedies. It may be urged that the discontinuance of the habit alone would be sufficient for the cure. Such objections may be brought plausibly enough against the part played by medicine in case i., but case iii. effectually answers its general applicability. Here the habit

had long been given up, and various remedies tried, none of which were of any service until the specific one had been found. And as regards case i., I do not at all believe that the recovery would have been anything like so rapid without the aid of specific medication. The chronically induced effects of continued over-use of alcohol are not wont to disappear so rapidly of themselves. We should naturally have looked for a period of great depression following the giving up of the stimulant had nothing been given to counteract it, but under the use of *Spigelia* no such depression occurred. For this reason I assign to *Spigelia* the lion's share of the cure in Case i.

Case ii. was not so satisfactory in the matter of treatment from the fact that the use of the toxic agent was not given up. But, in spite of this, benefit was received from *Actæa Racemosa*, and marked benefit from *Spigelia*. It is a remarkable fact, which I have repeatedly observed, that when two drugs are capable of producing the same effect on the body, that is to say, are homœopathic to each other, the one will often in infinitesimal doses hold in check the action of the other when it is still present, and has been taken in injurious quantities for a long time. I can give no explanation of the fact, but the beneficial action of *Spigelia* in case ii. is an instance of it. He was still smoking, though not to such an extent as he had done. Here, as in the majority of cases, the antagonistic action of the remedy failed, after a time, to counterbalance the action of the poison.

Spigelia is the remedy I have found most useful in cases of the kind, though it is possible the serpent-poisons might have done as well, and *Cactus* would be called for should its characteristic constricting pain be present. The homœopathy of

Spigelia to the condition it removed is evident from a glance at its pathogenesis. The following are from Allen: "Anxiety and apprehensive solicitude for the future;" "great weakness of the body after walking;" "when walking he becomes dizzy;" "sleeplessness;" "tearing constriction in the lower part of the chest, above the pit of the stomach, with oppression; afterwards, also, beneath the pit of the throat, with palpitation;" "palpitation and anxious oppression of the chest." The specific relation of the drug to disordered innervation and function of the heart is abundantly demonstrated.—*Homœ. World.*

ON A RARE CASE OF CARDIAC MURMUR.

BY

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Torquay, Eng.

Dr. Clarke's paper brought to my mind a case of a rare and peculiar form of murmur which I recently met with, and which illustrates the difficulty that may be experienced in pronouncing on the danger of this particular symptom.

A gentleman, a relative of mine, aged about twenty-eight, and engaged in active business life, had suffered occasionally from dyspeptic symptoms, and breathlessness in ascending a hill rapidly, and once recently had experienced a sharp pain in the region of the heart.

Living at a distance, and corresponding with me on his symptoms, as he was about to visit London, I advised him to consult a physician well known as a writer on the Heart and Heart Diseases, and to get his opin-

ion—1st, as to whether his heart was affected at all, and, 2ndly, if so, what form of disease he suffered from. The opinion came down in a day or two. *Diagnosis:* Aortic regurgitant murmur (according to Dr. George Balfour, the form of heart-disease which oftenest terminates fatally). *Prognosis:* most grave. Rest a necessity; never on any account to hurry or excite himself in the least, etc.

This is a serious prospect for a young man, the main working partner in a large manufactory, where his constant presence and energetic exertion were necessary to the well-being of the concern. That he felt it so, the first look at his depressed and worn countenance assured me, when, a few days after receiving the above cheering communication, he came down to spend a short holiday with me, to rest himself, instead of the active tour through Switzerland he had had in prospect, but which, by the London doctor's advice, had been abandoned.

I took this opportunity of ascertaining for myself how matters stood, and examined him under all circumstances—at rest, after active exercise, immediately after running up-stairs, after a sharp swim in the sea, when the heart is thundering away furiously, but all to no purpose; so that with deference for the doctor's opinion, I felt I could not accept his view of the case. It did not appear to me that either the local symptoms or the general condition were at all equal to the serious prognosis that had been given.

But as the affection—if present—was so grave, and it was a matter of such great importance to the patient to arrive at a correct conclusion, I asked a medical friend to examine, whilst abstaining from giving him any clue in the first place.

After comparing notes it appeared our views were similar, viz., heart mischief, if any, probably trifling; no

warrant for grave prognosis; digestion decidedly at fault.

Fortified with some hope again, my friend revisited the physician, and now a different report came down—modified view, appeal to Dr. W., the highest reputed heart diagnostician, agreement that there is no cardiac (*i. e.*, endo cardiac) mischief at all. Case peculiar, almost to be called unique; most probable explanation, some little roughness outside heart, very likely on pericardium, causing a *bruit* under certain circumstances, but at any rate having no serious significance.

The delight with which this opinion (in which possibly, excepting the explanation, we could all unite) was received by the patient can best be compared to the feelings with which the condemned man hears the joyful news of his reprieve. Picture one's own feelings under similar circumstances—the removal of a very sword of Damocles from over one's devoted head.

Briefly, the condition of things as I found them recently was as follows: There was a soft blowing diastolic murmur, running off from the second sound. So far, a similarity to incompetency of the aortic valve. But—and here was the striking point—on holding the breath, when an ordinary *bruit* would usually be heard with the greatest distinctness, *this* murmur disappeared altogether, and the heart-sounds were clear, pure, and entirely closed; whilst on directing the patient to breathe again, the murmur became audible, and attained its maximum intensity at the end of a forced inspiration. Besides this, and excluding the effect of it on respiration, violent exertion failed to bring out or intensify the murmur at all, in striking contrast to what we meet with in the usual valve failures.

The sound could be heard equally

all over the heart, perhaps slightly loudest in the area of the mitral valve, which was all against the supposition of aortic valve failure, the *bruit* of which should have been most marked in the aortic area (over the second right costal cartilage), and propagated up the vessels of the neck and down the sternum. The pulse was good, and had no collapsing or other abnormal character about it; the general health was satisfactory now that the fear of a fatal disease was gone.—*Id.*

THE THEORY OF PSORA AND THE MODERN DERMATOLOGICAL SCHOOL.

BY

DR. MARTINY,
Brussels, Belgium.

Translated from the French by F. A. G.

We have never unqualifiedly and literally accepted the theory of chronic diseases advocated by Hahnemann; he contended their origin was from three defects: psora, sycosis and syphilis; but we have always been a partisan of what is now called the medicine of the diatheses. As we have previously remarked, "Hahnemann's theory has attracted the attention of physicians on the repercussion of diseases of the skin; it has rendered, from this point of view, much service in preventing the consideration of these affections as being always purely local." The contemporaries of our illustrious founder often derided his ideas on this subject; and laughed with more or less wit at the critical eruptions to which homœopaths rightfully attribute such great importance in the course of acute or chronic affections.

For some time the most eminent

dermatologists have come near to the same manner of viewing as Hahne-mann: in this way he is now well avenged for the pleasantries at his expense on his theory of chronic diseases.

We have just read, in the *Union Medicale*, of a conference held at the St. Louis Hospital, Paris, by Doctor Guibout, and we hasten to lay it before our readers:

ECZEMA AND PSORIASIS.

Gentlemen: After a long day of walking and exploration, when night comes the traveler loves to meditate; he mounts to an elevated spot, and casting his eyes behind over the road gone over, takes in at one glance the *tout ensemble* and all the details. We, too, have just gone over an already long road. At first we have seen what is dermatology. *I have shown it to you as being in the greatest number of cases the expression, the faithful translation upon the external tegument, of a host of internal affections, the slightest, as well as the most serious.* Looked at from this aspect, it is indeed the light of the diagnostic and the torch of pathology.

We then studied the different anatomic lesions constituting cutaneous affections. You have seen how these lesions, by the variety they present, form different kinds of dermatoses, serving to distinguish them from each other, and establish their individuality, their morbid autonomy.

After these general and fundamental ideas we entered upon the particular study of dermatoses taken separately, commencing with eczema and psoriasis. The history of the two affections admitted of numerous details, numerous descriptions of conditions, pathological facts, very varied themselves; your memory has been burdened with them. Let us, like the traveler before mentioned, look back,

recall, arrange our recollections to make them more lasting. Let us then place side by side the two great figures of eczema and psoriasis; let us regard them, thus reunited in one and the same picture; we shall see notable similarities between them, but much greater and still more decided differences.

Eczema and psoriasis are, of all diseases of the skin, much the most frequent. They are more important than all other cutaneous diseases, not only by their frequency, but more by their gravity, their tendency to be generalized, the functional troubles they produce, the deformities they cause, their duration, tenacity, tendency to repetition, and by the formidable complications they entail. They are both the most common, formal, clearest expression of that undeniable diathesis, although it may be denied, called herpetis. Both are hereditary, but not contagious. Both, in short, belong to the large class of secreting affections. But there their points of resemblance stop, and we further find only the most marked dissimilarities.

That eczema and psoriasis are two secreting diseases, it is true, but eczema is the type of moist secreting affections. The secretion which characterizes it begins under the epidermis which it raises, in vesicles which, when broken, this secretion continues to operate on the surface of the ulcerated derma. Psoriasis on the other hand, is the type of dry secreting affections. In it there is nothing moist, everything is absolutely dry, its secretion is purely epidermic, it is the epidermis dry, that is all.

Eczema is an inflammation, it has all the signs and characteristics of an inflammatory disease; congestion, redness, tension, swelling, heat of the skin. In eczema the inflammation is further manifested by sero-gumous secretion, its principal symptom, a suf-

ficiently abundant secretion to constitute a true catarrh of the skin. The inflammatory character of eczema is metastased by subjective phenomena, that is, by troubles and morbid accidents, perceived and complained of by the patient; hence, a sensation of tension, heat, smarting, burning; from this sensation of burning eczema itself derives its name, from the Greek word *eksem*,—I burn.

In psoriasis everything is very different. When we leave eczema to pass to psoriasis, it seems like quitting the hot lands of the tropic to enter the glacial regions of the North. Eczema, the warm, live, moist eruption; psoriasis, the dry, dead, eruption. Its physiognomy remains always the same, without change, unchangeable, immovable, in the *statu quo* of what does not live; it is even a petrified skin, parchment-like, mummified, dried, deprived of its secretions, no longer moistened by perspiration, nor lubricated by the sebaceous glands, it has lost its suppleness, flexibility, elasticity, vitality. Around the articulations, the natural orifices, it no longer lends itself to the motions and is torn like an unextensible and inert membrane. It is nothing more than a sort of scaly cuirass, indolent, and which may be scratched, worn and destroyed without causing the least pain.

Psoriasis and eczema differ again in the seat. Eczema being an inflammatory affection, with moist, abundant secretion, needs a warm foundation, moist itself, largely watered, provided with a vascular, rich and abundant network; such as the genital zone, and the armpit. Psoriasis, on the contrary, which needs only plenty of epidermis, affects regions where this epidermis is thick and abundant. Would you take in with the same glance this difference of seat? Take the lower member: you will find eczema in the bend of the ham and

psoriasis upon the knee; upon the upper member you will find eczema in the bend of the arm and psoriasis on the elbow. Nevertheless, those are only seats by predilection of these two diseases; in the same way plants which prefer damp soil can grow also in dry land, so eczema and psoriasis may be met in all parts of the body, but then their characters are modified and altered, like those plants we spoke of are themselves misplaced in a soil unsuitable to their nature.

Eczema and psoriasis differ, again, by the difference of their complications. An inflammatory affection, eczema leads to inflammatory complications of an inflammatory type. The inflammation which constitutes it may be very considerable, and, to a certain extent, exceed the character of eczema; it then extends to the whole thickness of the skin, to the cellular tissue, sub-cutaneous, to the lymphatics, and an erysipelas will be produced, a phlegmon, a lymphangitis, with its arborizations, its rose and sinuous trails. *These complications are sometimes deep, visceral; they will go to one of the great apparatuses of the body economy, the nervous centres, the digestive apparatus, the respiratory apparatus; you will then have meningitis, acute inflammation of the brain, bronchial or gastro-intestinal catarrhs; but these complications will always have a character of acuteness and intensity in proportion to the acuteness and intensity of the eczema which gave them birth.*

Psoriasis, on the contrary, an affection of an essentially chronic type, gives rise to complications only having, like it, all the character of chronicity. As to the lungs, *it will be chronic catarrhs, often ending in pulmonary tuberculosis. On the side of the digestive organs it will be dyspepsia, cancers, cancer of the intestines, and, ofiener still, cancer of the stomach.*

By its evolution and progress, eczema is again distinguished from psoriasis. Eczema may be acute or chronic, but it oftener shows itself under the acute form. Psoriasis itself is always chronic; it is a torpid type, of slow progress; or rather it does not progress; it remains what it is; *est id quod est*; to-day as yesterday, and it will be to-morrow what it is to-day.

In its fourth period, eczema becomes scaly, like psoriasis, but its scales differ essentially from those of psoriasis; thin, foliaceous, opaque, containing in the epidermic layer, of which they are constituted, something moist and crusty, they separate in layers more or less broad, and very readily from the sub-jacent skin. The scales of psoriasis, on the contrary, are thick, so easily imbricated into each other, that they cannot be detached without their reduction to powder, and never is the slightest trace of moisture found in them.

And yet, gentlemen, these two diseases, so different, these two opposite poles of dermatology, may, in certain cases, be confounded, be blended, to constitute a hybrid and bastard affection like each other without being, properly speaking, either one or the other. The same as there exists a licheroide eczema, a product of the union of the lichen and the eczema, as there exists, despite what our learned teacher, Hardy, may assert, an eczematous psoriasis, product of the union of the eczema and psoriasis. Here is an example I place before you, see its scales, how strong and thick they are, they are those of psoriasis, but they enclose in their woof a crusty element, they are detached from a slightly moist skin; there is certainly in that something belonging to eczema; it is then an eczematous psoriasis.

Thus eczema and psoriasis are two general affections which have

their seat of predilection for the cutaneous surface, they may give rise to most serious complications, from the most simple catarrh of the bronchial tubes to meningitis, pulmonary tuberculosis, and even cancer of the stomach and intestines.

Is not all this a chapter of the Hahnemannian theory of chronic diseases?

LATERAL CURVATURE OF THE SPINE.

BY

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Internal treatment should be addressed to the peculiarities of each case. In the limits of this paper, I will not enter into the subject of internal treatment of the various difficulties which might predispose to this troublesome affection, save to mention the excellent results obtained from *Zinc. phos.*, *Strychnia phos.*, *Rhus tox.*, and *Cimicifuga*.

The mechanical and hygienic treatment of these cases is all important. Curves must be eliminated wherever possible, and when this cannot be done they must at least be held *in statu quo*. Under the head of hygienic measures, I would mention the following: dry friction; friction with water and whiskey, or with salt and water; electricity and other stimulating applications for the purpose of increasing the circulation. Daily exercise—the character of which should be adapted to the requirements of each particular case—must be insisted upon. The beneficial effects of “self suspension” should never be overlooked. I believe much may be ac-

complished by inducing the patients to exercise their own "will force" as a means of overcoming the deformity in these cases. In case dependent upon general debility, we have found that any improved hygienic relations and change of air have resulted beneficially.

The *mechanical* measures for the prevention of further curvature are numerous. Dr. Sayre, of New York, practises the same inflexible rule observed in the treatment of angular curve. He says they must be treated with the plaster of paris jacket. We have found that it has failed in many cases, but I have to offer for your consideration a substitute; one which answers all the indications of the plaster of paris apparatus and has many better points.

This jacket is a modification of a jacket originally devised by Dr. Vance, so changed and improved it that it now differs in almost every particular. Dr. Vance uses paper in the construction of his jacket, and when dry, pads and lines it with cotton flannel, thus making it heavy, and in hot weather very warm and uncleanly.

The manner of constructing the "Pittsburgh jacket," is as follows: we first apply a plaster of paris jacket after the manner of Sayre, using bandages of netting, crinoline, or some large meshed material into which plaster of paris has been thoroughly rubbed. The patient should now be suspended so that the toes just touch the floor. We are now ready to apply the bandages, which must be saturated with water by an assistant as needed. Commencing at the waist we apply them first downward to the hips, and then upward to the armpits, repeating until the jacket is of required thickness. As soon as the plaster sets, we cut the jacket down the front and remove carefully. From

this mould we make our cast. This cast will require several days to dry, and then should be carefully covered with oiled paper. We now proceed to construct the jacket proper. Using crinoline strips, from one and a half to three inches in width, and two-thirds the circumference of the cast in length, we commence at the bottom of the back and apply them horizontally around the cast, lapping them one-half each time. The front is done in the same manner. The second layer of crinoline strips is put on vertically, and the third layer in the same way as the first. Apply over all a thick coat of glue and allow the jacket to dry for one week. The glue used is composed of five ounces of white glue and ten ounces white oxide of zinc. When dry, cut the jacket down the front and remove. It is then fitted over the hips and under the arms, perforated to allow for proper ventilation, and covered with a coat of shellac.

For a year we have been using a canvas front over the abdomen and find it excellent. We cut away the front of the jacket from the lower end of the sternum to the anterior superior spinous processes, and make a canvas front instead, which we rivet and glue in. We now bind the edges with chamois skin, put in the eyelets, and the jacket is ready for use. In order to make the jacket a complete success in cases of lateral curvature, I have recently tried the application of force upon the curve by means of an india rubber air cushion, placing the cushion under the curve inside the jacket. I have derived great benefit from this. If the pressure is too great, the air can be let out and the pressure reduced. This cushion is in the form of an air-pad with a tube and valve attachment, so that constant pressure of any degree can be maintained. It also adapts itself to any

changes in the curve which may take place, and thus saves frequent renewals of the jacket.

The process of making one of these jackets extends over some two weeks, and the cost thereof lies chiefly in the time and labor expended, which is considerable. The raw material costs probably less than \$5 per jacket.

We claim the following advantages over the Sayre and other appliances: 1st. Its light weight. 2d. Perfect ventilation. 3d. That it is removable and adjustable. 4th. That it is clean itself and allows of absolute cleanliness of the person. 5th. That it is adapted to the treatment of angular as well as lateral curvatures.—*Inst. Trans.*

PERINEORRAPHY.

BY

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Perineorrhaphy, like all other kinds of plastic operations, requires exact and careful adaptation of the freshly prepared edges. It is not enough that they are accurately fitted, they must be brought together by just the right amount of pressure, neither too much nor too little; they must be guarded from motion upon each other, and especially from any foreign substance being allowed to intervene. In my article upon Staphylorrhaphy presented to this body, stress was laid upon the importance of relieving the wound as much as possible from tension or strain, and for this purpose the practice was warmly recommended of division of the levator palati, the palato-pharyngeus, and the palato-glossus muscles, as one of the most important steps in the operation, and one which then easily allows the ad-

justment of the before widely separated edges. In the same manner in hare-lip, it is of the greatest importance that the cheeks be widely separated from the attachments and slid down upon the malar bone so as to allow new adhesions and let the separated edges of the deformity easily approach each other.

Less strain thus comes upon the pins, and the chances of complete union are much greater. In the operation for lacerated perineum there is little to be done in the way of dividing retracting muscles. There is, of course, less need of this, since, by bringing the knees together the parts are closely approximated. But in the ordinary form of operation for this injury, viz., the paring of the two edges of this deformity and bringing them together with the quilled sutures, there is not only danger of moving the freshly prepared surfaces, and thus interfering with the uniting process, but also by the permeation of the wound with vaginal or uterine leucorrhœa, or the accidental dribbling of a few drops of urine into the wound. The nature of the operation is such as to increase the liability to this accident. By paring the sides of the perineum and the somewhat absorbed and rounded posterior edge of the vagina, and thus bringing these surfaces together, there is left at the upper and internal edge of the wound, at its junction with the vagina, an angle, almost a *cul de sac*, which is increased by approximating the lower and anterior edges, even to their natural position. This then forms a cup-shaped cavity, which retains any vaginal or uterine secretion, and, if the patient lies upon her back, it comes directly in contact with the internal part or edge of the wound. In the same position a small drop of urine is carried directly to the wound, often with the most unfavorable results.

To obviate these difficulties the following method has been devised: instead of "paring the edges," thereby removing some portion of the integument and mucous surface, an incision is made commencing on the labia sufficiently far forward and outward for the desired line of union with the opposite side, and which will form, when the operation is completed, the medium line or raphe of the perineum. Carry this incision backward on the proposed line to the posterior commissure or division of the perineum, and then continue it in a corresponding manner upon the other side to an equal distance upon the labia. Carefully dissect the vaginal wall from the rectum, which in case it is very thin, must be done with great care, the finger being passed into the rectum. Carry this dissection upwards a considerable distance and freely on both sides so as to form a large flap which can be brought into the front part of the vagina leaving the surface of the wound free. Four or five deep seated sutures may now be passed in the ordinary manner, care being taken to enter them sufficiently deep and far enough from the external edge. These sutures may now be tied over the "quill," or a piece of gutta percha bougie, and the wound carefully brought together with suitable pressure. The internal flap may now be gently pressed into its place to form the posterior wall of the vagina, and partly by contraction and by puckering or folding the whole of this flap is easily brought to the surface and retained by fine silver sutures, or serres-fines to the anterior edge of the wound. This method of operation presents the following advantages:

1. In bringing together a larger freshened surface for adhesion.

2. By the internal flap it adds to the thickness of the newly formed perineum, giving greater strength.

3. By its greater thickness it brings the posterior vaginal wall into its natural position, and thus affords support to the uterus.

4. The vaginal folds left in the operation give greater expansive power to the perineum in case of subsequent labor.

5. By covering the wound internally with an unbroken mucous membrane, it is protected from any vaginal or uterine secretion, and effectually prevents any drops of urine from settling into the wound.

After the parts are carefully adjusted they may be freely covered with cosmoline, which affords additional protection. In regard to the quill or gutta percha used for the support of the sutures, the heat, moisture and exudation soon soften them, and leave them somewhat curved and misshapen. To obviate this, I have inserted a section of the wire stylet of the bougie. But it is difficult to keep this in place. There is also an objection to the "quill," in that, by separating the two cords which make the suture, it also enlarges the opening through which they pass. To obviate this, I would propose a bar made of hard rubber with smooth, rounded ends. This bar should be perforated so as to allow the suture to pass through it and be tied over a small rod. This would keep an even, steady pressure, would not bend or become displaced by heat or moisture of the parts, and would not dilate the opening through which the sutures pass.—*Ibid.*

SYMPTOMS OF TRICHINOSIS.—Prof. Germain See (*La France Medicale*), in a clinical lecture on the recognition of trichinosis, lays special stress upon muscular pains, with prostration, and swelling of the face. He says these are constant even where gastro-intestinal symptoms are wanting.

A CASE OF PROFOUND DEAFNESS IN A CHILD.

BY

ROBERT T. COOPER M. D.,
London, Eng.

If homœopathy really presents us with, as no one who has had a careful and sufficient practice with it can doubt for a moment, a more reliable means of coping with obscure cases than is furnished by any of the teachers of old-school physic, it ought to place within our reach a means of dealing with those uncured diseases of childhood that too often lead on to life-long miseries. And of these that ear-disease constitutes a large and important group no one conversant with the affections of childhood can for a moment deny. It was observing the hopeless condition of so many deaf children that induced me to pay special attention to ear-cases, knowing well that all we require for their successful treatment is to bring to bear upon them properly selected remedies.

And here we are met by one great difficulty; it is that of insufficiency of symptoms, for to select homœopathic remedies accurately without having many symptoms to guide us is no easy task, and requires for its successful adoption a considerable experience, not alone of the ear-diseases, but even more of the constitutional derangements of child-life. Take, for example, such a case as this, which well shows what a paucity of symptom-indication we must expect to meet in the case of children incapable of describing their sensations.

P. V., a most intelligent little fellow of five and a half years of age, was brought to me May, 1880, with complete deafness and otorrhœa, the purulent discharge coming from both ears. He had had scarlatina three years and a half ago, and ever since had been

afflicted with discharge from the ears. The doctor attending professed his inability to do anything, and seemed to think the family ought to wait on chance, as perhaps "he might grow out of it." And so, indeed, they did, until a friend induced them to "try Homœopathy," and to bring him to me. The statement of the attendant was that after the scarlatina the little fellow had had four abscesses about the neck, chiefly under the chin, and from this time until he came to me the ears had never ceased discharging.

His circulation was feeble, the left pulse could hardly be felt, and the action of the heart was intermittent; along the subclavian vessels a loud *bruit* could be distinctly heard, probably venous.

The digestive organs performed their functions naturally, and he would be considered, for his age, fairly nourished. As to his powers of hearing, it was simply impossible to discover if he had any. He manifests no change of expression upon a loud ticking and repeating watch being placed in contact with his ears, nor do the vibrations of a tuning-fork placed upon his head and against his teeth in any way attract his attention. Still, he imitates sounds, and this led me to hope that some hearing might be left.

On 29th May, 1880, I prescribed *Calcarea Carbon.* 200, a drop to go over a week, and on the 7th June, 1880, the report was, "Discharge has been less, but his hearing seems, if possible, worse." On testing his hearing this time, however, a marked change was apparent; his expression became responsive to the tuning-fork when placed above each ear, and even the watch seemed to be heard.

It would be unnecessary to follow up the reports of each visit, which were taken up with little else than a record of the variations in the power

of hearing, the remedies resorted to being, besides the *Calcareo*, *Silicea* 200, *Ac. Fluoricum* 6, *Hydrastis* 3x, *Calcareo Carb.* 3x, and again *Ac. Fluor.* 6. This last was given on 3rd November, 1880, his hearing then being 2½ in. left and 3 in. right for a 35 in. watch, and on 1st February, 1881, when he next came, the report was:—"Has been wonderfully better, except through the cold weather, when he ceased improving. The discharge from the ears is much less, and the hearing is greatly improved."

Then followed *Calcareo Carb.* 200, next *Staphysagria* 3rd dec., and then *Potassa Hydrargyrate* 3x (gr. v. night and morning, dry) *Merc.-Iod.* c, *Kali Hydriod.*

After a month of this last his hearing was astonishingly better, but instead of their bringing him to see me he was left a week without medicine, during which time he is described as having decidedly gone back; nevertheless, even then he could hear a watch tick at twelve inches on the right side and half an inch on the left.

The medicine was therefore gone on with for a month, but they neglected bringing him till 19th July, 1881, and then only because it was feared that, though greatly improved, he might be retrogressing. Be that as it may, he could hear the watch at four and a half inches on the left and eight inches on the right, and so perfect was his hearing for the voice that he could in every way keep up with his class playmates, and his articulation, though not perfect, had manifestly improved.

The last I heard of this little fellow was that he is working up for one of our public schools, and no difficulty whatever is apprehended on the score of imperfect hearing or articulation.

The case as reported hardly conveys a sufficient idea of the extreme gravity of the situation, for at his age (five and a half years) every day that

passed during which he remained dull of hearing would have contributed to enfeeble the powers of the vocal organs, and thus lead eventually to deaf-mutism. Even as it was, the power of speech would have long since vanished had it not been that he had spoken very well before the attack of scarlatina. For it is a rule in these cases that once the vocal organs have been exercised, and the child has learned to speak, however changed or weakened the voice may become through dis-use, the utterance will yet be intelligible.

As to the question of systems of medicine, the allopaths have no remedies whatever that even profess to hold out any hope of cure in such cases as this; to place such a case under an allopath would be to deprive the boy of all enjoyment in life and all hope of earning a livelihood.—*Ibid.*

ITEMS.

The Homœopathic Medical Society of Kings County have declared that the closing of doors, windows and ventilators of horse cars is injurious to health, and promotes the spread of disease. They have asked the Board of Health of Brooklyn to have an ordinance passed prohibiting the practice.

Association Hall was transformed into a parterre of flowers on the evening of March 29th, in honor of the ten graduates of the New York Medical College and Hospital for Women, whose nineteenth annual Commencement was celebrated with appropriate exercises and the usual distribution of diplomas. The degree of M. D. was conferred upon Mrs. Jennie Van H. Baker, Miss Sarah A. Cook, Mrs. Anna J. Crouthers, Miss Fannie H. Kellogg, Mrs. Margaretta B. von der Lubbe, Miss Mary E. Mano, Mrs. Isabelle M. Rankine, Mrs. Georgiana D. Read, Miss Annie Smith, and Miss Adah Carr.

THE
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EDITORIAL.

THE PHYSICIAN AS A SANITARIAN.

To cure a patient who is languishing upon a bed of sickness, to assuage pain when a human being is writhing in anguish, is certainly one of the noblest labors which falls to the lot of the skillful physician. Then he, as well as his patient, feels that he is indeed the best friend that visits the sick room.

Though he may have chosen his profession merely as a means of gaining his living, he is compelled to admit at such times that his efforts are crowned with a higher and better reward than dollars and cents can secure. He becomes conscious of the sublimity of his calling, and even the otherwise sordid man is forced to

acknowledge that there is something better than mere money-making, and he rejoices that he belongs to a band of brothers who as a body are more self-sacrificing and greater benefactors to their race than the members of any other calling, not even the clergy excepted; for the duties of their avocation are not unfrequently supplemented, but often amply discharged, by the conscientious physician.

But though the family physician fulfills the duties of his profession, as they are generally understood when discharging his primary obligation in repairing the damages wrought by accident, or the imprudence of the sufferer, he often neglects others, apparently of a subordinate character, which are, nevertheless, on account of the results which sooner or later must follow from their fulfillment, of paramount importance to those whose health is placed in his charge.

The true physician's duty is not only to cure disease, but, above all things, to prevent it.

With his knowledge of the laws of nature, which when strictly followed mean health, and when neglected disease and suffering, has he any right to stand by in silence, when he sees these laws persistently violated by individuals and families placed under his medical care and advice?

He sees a large majority daily gorging themselves on food injurious when taken in excess, or indulging more moderately in partaking of stimulants and condiments which tickle the palate while they silently,

though sometimes only slowly, undermine the health, and prepare the body, that noblest structure of God, for disease, suffering and death.

No one can eat, drink and dispose of his time as the majority do in this country, without wrecking the constitution.

Meat is partaken of in superabundance, even in childhood, by most people three times a day. We acknowledge that a supply of nitrogen is necessary to the health of our bodies, but the excess of it, which is thus absorbed, is poisonous to our vital organs. We do not urge the doctrine of the vegetarian that it should be wholly abandoned, but insist that a very moderate quantity once a day, or even less frequently, should be recommended, and the cereals, fruit and vegetables be substituted.

Coffee, tea and all alcoholic drinks, no matter how small a proportion of alcohol the latter may contain, should be strongly prohibited. Tobacco, that bane of our young men, should be exhibited to all its votaries in its true character, and its terrible effects explained. They should be taught that very many of the occasional ailments of which they complain, and for which they can assign no cause, or which they attribute to an imaginary cause, have their origin in an indulgence in the weed, which King James has not unjustly described as a fit peace-offering to the devil, viz., our evil taste and passion.

Late hours and late rising from a bed which has but partially restored

the powers of vitality wasted in dissipation during a previous evening, enjoyed! (indulged in) in close rooms filled with a vitiated air, ought to be severely censured and shown to be the fruitful source of all that languor, headache and feebleness which disgraces so many of our young and old people.

Excess of novel reading, which has become almost a mania with the present generation, ought to be pointed out as the cause of so much mental inability, and the probable source of mental alienation. There is nothing more dangerous to a healthy condition of the mind than indulging immoderately in reading works of fiction.

The people, who look up to their physician as their medical adviser, ought to be instructed that in order to preserve the normal healthy condition of the body they should rise early, never omit a bath or a general ablution of the whole body immediately after rising, breakfast on oat meal, hominy, bread and fruit; do not neglect an out-of-door walk, dine moderately, never eat meat more than once a day, and confine their drinks to water or milk; have some healthy occupation, retire early, say never later than 10 o'clock; and, above all, abstain from every kind of artificial stimulants or condiments.

If a person who has been taught to lead such a life is, through accident or otherwise, deprived of health, it will be comparatively an easy task for his medical attendant and friend

to restore the disturbed equilibrium of his constitution. His physician's efforts will be crowned with speedy success. While he who has lived an artificial life must linger for weeks an invalid and sufferer, the individual who has lived a normal and natural life will speedily be restored to health, and save his physician many an anxious hour.

We deem it therefore of the utmost importance that the physician should pay the strictest attention to the sanitary part of the lives of those intrusted to his care, both in health and in sickness, not only for their sakes, but also for his own. By doing so he will lighten his labors and anxieties while attending the sick, and at all times have the reward of his faithfulness in a conscience void of reproach.

The few remarks made above concerning the mode of life to be recommended are only thrown out as hints to those who wish their patients and friends to lead a rational mode of living. Every thinking physician will supplement them by suggestions of his own which will add to their value, and adapt them better to individual cases.

We, the guardians of the public health, are by no means justified to let the people live on in ignorance of the laws of health and attend to them only when sick. The curer of disease is a healer, the one who seeks to prevent it a physician, in the noblest sense of the word.

ABSTRACTS.

HAMAMELIS VIR.—1. Chronic pharyngo-laryngitis in an herpetic subject; varicose state of the pharynx; persisting congestive state in the right inferior vocal cord. Chronic affection of the voice, for the last two years obstinately resisting all treatment, slightly relieved by the internal use of *Capsicum*; cured by the local application of tincture of *Hamam.*, one-third; glycerine, two-thirds, every second day.

2. Catarrhal chronic pharyngo-laryngitis in an herpetic subject; signs of congestion in the left vocal cord. The lesion is localized, consisting of a chronic congestive state characterized by redness occupying the whole left vocal cord at first, then alone the anterior part, with varicose dilatation. After failure of treatment by the specialists she was entirely cured by the internal use of tincture of *Hamam.* and inhalations or vapors charged with the same tincture. Whenever the congestion is localized on a part or the whole of a vocal cord, we consider the case of a herpetic or arthritic nature, as it is never observed in idiopathic congestions. The anterior part of the vocal cord is more often attacked because we find it to be very vascular, another indication for its use.

3. Chronic angio-amygdalites, becoming acute with slight catarrhal state of the larynx in an arthritic woman; gout hereditary. At the age of sixteen she had a general attack of articular rheumatism, lasting six weeks, since then several slighter ones; suffers frequently from inflammation of the tonsils and hoarseness, but never aphonia. For the last three months great pains in throat and tonsils, which so far nothing relieved. Menses formerly abundant and red, were the last time pale and scanty. Has great difficulty in swallowing.

saliva; the passage of air and of food is painful; nasal voice; short dry cough; dryness of throat. The laryngoscope shows great vascularity of the pharyngeal mucous membrane, enormous tumefaction and redness of the tonsils, whose borders nearly touch, the left tonsil more hypertrophied than the right one. Tincture of *Hamam.* internally and by inhalation and as a gargle. It was astonishing how quickly the pains disappeared, and the varicose veins disengorged. In order to bring the tonsils nearer to this normal state we advise pencilling the tonsils with tincture of *Hamam.*, one-third; glycerine two-thirds.

4. Catarrhal conjunctivitis, relapse in a woman; nervous, arthritic, and predisposed to such attacks. Left eye half closed; photophobia, lachrymation, hyperæsthesia of the mucosa oculi et palpebrarum, which is of raspberry redness with the sensation as if a foreign substance were in it; no peri orbital pain; the right eye attacked sympathetically, but to a slighter degree; mornings agglutination of the lids. *R.* Tincture of *Hamam.*, a drop in a tablespoonful of water, five times a day, and 20 drops of tincture of *Hamam.* in 120 grms. tepid water, to bathe with it for three to five minutes every two hours. She felt more comfortable already after a few doses, but found out when she neglected treatment the symptoms returned. After a week we found the right eye free from all congestion and the left eye considerably improved, only persisting in the palpebral mucosa, but after another week's continuation of the same treatment she could be discharged cured. Another benefit is that the collyrium of *Hamam.* is not painful.

4. Glandular Blepharitis.—A gentleman of fifty, very nervous, arthritic, subject to violent and excessively re-

bellious migranes, reading and writing a great deal by artificial light, complains of epiphora and sensation of a grain of sand under the lid which is red. This sub-conjunctival hyperæmia follows parallel lines to the series of Meibomian glands, one of which is found protruding. We advise bathing the eye every three hours with a solution of thirty drops tincture *Hamam.* in a glassfull tepid water. Two days afterwards, his only complaint is the lachrymation. To remove this, he increased the dose to two-thirds *Hamam.* to one-third warm water, which entirely cured him in a few days. The dose the patient applied is stronger than we are in the habit of using, but it did the thing effectually.

5. Neuralgia of the nervus int. saphen., of the terminal posterior branch and internal crural nerve.—*M.*, 60 years old, strong constitution, sanguine temperament, healthy and active, no diathesis and no arthritis. Without known cause he was attacked with severe pain on the internal side of the right knee, radiating from the internal condyle of the femur to the crural arcade. He declares that he suffers less when walking, which even relieves for a while, but the pain becomes worse towards evening, and the heat of the bed renders it unbearable, the weight of the covering is too much and he has to change position continually. Lancinating and burning pains, it seems as if a red hot iron pierces the knee and extends to the groin. The presence of isolated and disseminated painful points in the course of a nerve, the mobility of the articulation, the absence of redness, heat and swelling forbid the idea of rheumatism of the knee. We could not think of a phlebitis, as there was no hard, nodulated painful cord in the course of the vein, and no œdema

of the inferior parts. The exacerbations and remissions, the absence of fever hint decidedly to a neuralgia, and considering the course of the pain, we trace it exactly to the internal saphenous nerve, where it perforates the fibrous sheath, called ring of the third adductor, and then divides behind the sartorius into two branches: a muscular branch which is intact, but that around the knee-pan is affected in all its length. By pressure we find three principal painful points, one at the internal border of the knee-pan, a second femoral one about the sheath of the large femoral vessels, and a third ileo-pectineal one. About the knee-pan the pain is most severe, lancinating, burning, and radiates from there to the ileo-pectineal point, where it becomes contusive and traverses the intermediate femoral point. We deal therefore with a neuralgia of the internal saphenous nerve in the ascending form, and thus we understand why the patient has no pain in moving about, because the nerve attacked is exclusively a cutaneous one. *Rhus tox.* 12, which was first given, as the pains were worse during repose, failed to relieve. *Hamam.* 6, internally, and bandaging the thigh with compresses, moistened with a solution of tincture of *Hamam.*, ten drops to 100 grammes water, and covered with oil-silk, to be renewed every two hours, gave great relief after ten hours, so that he slept, and next day he was well. Neuralgia cruralis is a very rare affection and nothing could surpass the rapidity of the cessation of all pains.

6. Rheumatic hydrarthrosis of the knee in a varicose subject. Mrs. S., 49 years old, arthritic, hemorrhoidal, of good constitution, but suffering from frequent venous congestions, and hepatic troubles, was attacked with rheumatic hydrarthrosis of the left knee, which is pale and swollen.

Palpation reveals fluid in the articulation, especially at the bottom of the superior sac. Walking is difficult, the swelling increasing every evening. Violent neuralgic pains with exacerbations at night in bed. After failure of *Rhus tox.* and *Pulsat.* she took *Hamam.*, 2 drops in a tablespoonful of water, four times a day, and applied compresses moistened with tincture *Hamam.* gtt. xx. to 120 gramm. cold water with great relief. Though imprudence brought several relapses the same treatment always relieved. We here again noted the rapid cessation of the pains, and that the remedy must be used for some time to obtain a cure.—*Bulletine Societe Medicale.*

Kafka narrates a case of asthma millari, cured by *Ipecac.* A girl æt. 3, blonde, of scrofulous diathesis, awoke with a barking cough at 3 A. M. Called in the morning the most exact examination failed to reveal any disease. The child was lively, no fever, played around and complained of nothing. The following day the mother reported that the child had another attack about the same time and the paroxysm lasted till morning, and the following night the barking cough was so severe that the parents feared the child would suffocate, but still no objective morbid symptom could be detected, and Kafka requested the parents to call him during the attack. Arriving at 2 A. M. he found that the child was extremely restless, wanted to be carried about by one person, and then by another one, strikes about in her anguish, face livid, cold sweat on forehead and cheeks, protruding eyes roll about in their sockets, lips blue, mouth wide open, cough dry, barking as in croup, returning every few minutes, respiration labored and very rapid as in the most severe laryngo-

stenosis; neck bloated, carotids swollen and beat rapidly; at every inspiration the larynx is drawn toward the root of the tongue and sternum and epigastrium drawn in, extremities cold, clammy; pulse contracted, cannot be counted. The absence of all objective symptoms and the periodicity of the case proved it to be a case of asthma millari and Ipecac. 3 twelve drops in half a glass of water, a teaspoonful every quarter of an hour was given. All symptoms ceased in a little more than an hour, copious diaphoresis set in and by continuing the remedy at longer intervals during the day the little patient was soon relieved of her nocturnal tormentor.

THE SURGICAL ASPECTS OF GYNÆCOLOGY.—In the *N. Y. Med. Jour.* Dr. J. B. Hunter warns the profession against underrating the importance of operative and mechanical measures in gynæcological practice. It is possible, he remarks, that the youthful or inexperienced practitioner may be tempted to resort too early or too often to the knife, but this danger pertains to general surgery as well. Operations have undoubtedly a fascination for the average student; but neither students nor the youngest members of the profession have many opportunities for the exercise of practical surgery, however zealous they may be. Some eminent gynæcologists never abandon general practice; and many who are best known to the profession have worked their way laboriously through all the older and more conventional methods of treating the diseases of women, and feel that they stand at last on higher and better ground. Men who have thus gained their experience are not apt to be rash or careless in resorting

to surgery, and he thinks it a safe assumption that there is no more malpractice in gynæcology than in any other department of medicine. It is difficult in this department, as it is in obstetrics, to ascertain facts and observe results, even in hospital cases; but those of us who see much of diseases of women, either in private or in hospital practice, are only too familiar with cases that have been subjected in vain to years of treatment—not always very mild, either—intended to accomplish gradually what might have been the work of a few weeks or months had the necessity for surgical treatment been recognized at the beginning. That many such cases are permanently cured by a resort to surgery, even at the eleventh hour, is matter of record and beyond question. It is equally true that many patients who might be cured delay too long, and must suffer the consequences for the rest of their lives; while a certain number actually perish for want of timely help. The results of neglect and delay are more palpable in cases involving the graver operations, but in the aggregate he believes there is more harm done by procrastination in the less urgent class of cases. Cases of neglected epithelioma of the cervix uteri are not at all rare. Cases of fibroid or other growths causing an exhausting hemorrhage, prolonged perhaps through years, are met with very frequently, and cured by surgical means; in his experience he has seldom seen women who had suffered at the hands of surgeons, though some errors must occur in every branch of practice. On the other hand, the spectacle of women who have suffered for want of judicious surgical treatment has been very common.

When we remember, he adds, how much has been accomplished by surgery in diseases of women, and how

little by means strictly medical, it would seem impossible to overestimate the importance of surgery in this department, and superfluous to offer any plea or argument in its behalf. Hardly anything new has been developed in gynecology that has not to do with surgery. The medical and the expectant methods of treatment have been tried for centuries past in very much the same way as they are employed to-day. The surgical methods are of recent origin. Untold thousands of women perished from ovarian tumors until it was demonstrated, after bitter opposition, that a very large majority of such sufferers could be saved by a surgical operation. Yet the aggregate suffering and loss of life from less formidable diseases than ovarian tumors must have been infinitely greater, because of their greater frequency. By mechanical interference he means in general the correction of the various displacements of the uterus and the use of pessaries as a means of curing or relieving such dislocations. Those who disapprove of surgery generally condemn also all mechanical devices for managing the displacements. Nothing is more evident to the gynecologist, however, than the good which is accomplished by the careful use of pessaries. The proper adjustment of a pessary in a suitable case enables the patient to do her daily work with comfort, and practically makes all the difference between health and sickness. Among women of the working classes, who earn their living by hard work, the beneficial effects of mechanical support are strikingly apparent. No one can practice gynecology successfully who is not a thorough master of the art of correcting displacements and applying artificial support for their relief or cure. This branch of practice affords scope for the exercise of much ingenuity, and demands the possession

of a fair amount of mechanical skill. Much of the prejudice that exists against the use of pessaries arise from the harm which is done when they are clumsily employed, or employed in cases where they ought to be carefully avoided. In conclusion, he thinks it may fairly be claimed that modern gynecology owes its brilliant success almost entirely to the fact that it has been brought within the domain of surgery. To essay to practice this branch of medicine independently of surgical and mechanical resources is to do the patient a gross injustice. To advise in such matters without a knowledge of what can be done by surgery is also unfair to the patient. Not by any means that *all* cases come within the limits of surgery, or that all do so can be cured, but that surgery holds out a prospect of relief to so many, that to withhold or discountenance its aid is to fall far short of the duty of a wise and conscientious physician. On the younger members of the profession it is especially incumbent to inform themselves without prejudice of what has been done in this department of surgery within the past twenty-five years, so that, when called upon for an opinion, they may be able to advise intelligently, and to give their patients the utmost benefit of every means which experience has proved to be of value.

EXTRA-UTERINE FŒTATION, DR. WILLIAM GOODELL. — Mrs. B. C., æt. 30, had been married two years without conceiving, but on March 19 her catamenia ceased and she deemed herself pregnant. She now began to suffer very much from nausea and from pelvic pains, for which her physician, Dr. W. C. Parry, of Mount Holly, New Jersey, was in attendance more or less after May 6. On May 16, while ironing, she was suddenly

taken with a violent colicky pain in her right groin, accompanied by a vaginal flow of blood and by collapse. These colics lasted off and on up to July 15, when she felt relieved. Dr. Parry had meantime discovered a pelvic tumor on the right side of the womb, and had diagnosticated extra-uterine foetation. But from September 5 to 13 she had great bearing-down pains, like those of labor, attended by some hemorrhage. The cervical canal dilated sufficiently to admit the finger; a miscarriage seemed imminent, but nothing was thrown off. This threw the physician off his track, and he renounced the idea of extra-uterine foetation for that of natural pregnancy. She had felt foetal movements, but from this time the child was still and milk appeared in the breasts.

Her health now began unaccountably to fail: she lost flesh and strength, and became bedridden. During the first week of last November she had another hemorrhage with labor-like pains, and the cervical canal and os externum again dilated during the disturbance. From this time she began to fail very rapidly, having chills, a high temperature, a frequent pulse, and quick emaciation. On November 15 I was called in to see her. On account of the excessive tenderness of the parts, ether was given. An irregular tumor occupied the abdomen, but smaller than the uterine globe at eight months' gestation. Neither foetal limbs nor the foetal outline could be felt, nor could the presence of any fluid be made out. The cervix uteri was in a natural position, quite hard, and with a small os externum. The sound passed in five inches and to the left. No foetal sounds or uterine murmur could be detected. My diagnosis was a guarded one, but leaned to an extra-uterine gestation.

On November 24, aided by Dr. B. F. Baer, of Philadelphia, and by Drs. W. C. Parry, A. E. Budd, and R. E. Brown, of Mount Holy, I performed the operation of laparotomy. As soon as the peritoneum was cut open, an adventitious cyst was exposed. I perforated it with a probe, and enlarged the opening with a uterine dilator. Finding that the placenta covered the whole lower three-fourths of the sac, I prolonged the opening upwards and removed the foetus. It was macerated, and had been dead some time, as the flesh over the ribs was stripped off during the process of extraction. The placenta was now very slowly and carefully stripped off without any hemorrhage: every preparation had been made to meet one. Not any liquor amnii was present. The sac was then thoroughly cleansed with a carbolated solution, and every antiseptic precaution taken. The opening in the sac was stitched to that of the abdomen, a glass drainage-tube put in, and the wound dressed with salicylated cotton. Up to December 9 everything went well. The wound united perfectly, the stitches were taken out, the temperature had fallen, and the drainage-tube was about to be removed, when, near midnight, she very unaccountably went into convulsions; these recurred and she died comatose on the morning of the 12th. Albumen was found in the urine, and at an autopsy the kidneys were found to be diseased. The foetal sac had become obliterated, and no relation whatever could be discovered between the condition of extra-uterine foetation and that of the kidneys which carried her off: the latter seemed to be an accident, and in no wise related to the former. From the history of this case there is no question in my mind that the operation of laparotomy for extra-uterine foetation must be far more successful

after the death of the child. For when the child is living it would, on account of the inevitable hemorrhage, be unjustifiable to remove the placenta; and the presence of so large a mass, which must slough off and putrify, must seriously compromise the life of the woman. But when the child has been dead for some time the placenta can be safely peeled off and the sac be wholly emptied, as in my case.—*Ibid.*

SUCCESSFUL TREATMENT.—Some of our most prominent physicians, among which we may name Dr. John Morris, of Baltimore, Md., Dr. W. H. Caldwell, W. Va., Dr. Thomas J. Owen, Virginia, Dr. George E. Matthews, North Carolina, write they have successfully treated *Phthisis and Bronchitis*, when accompanied by indigestion, with POWELL'S BEEF, COD LIVER OIL AND PEPSIN, which is a highly-palatable combination, that is unquestionably nutritious, alterative, digestive.—*Clinic.*

PUBLISHER'S NOTES AND ITEMS.

Dr. C. F. Sterling, late of Milford, Conn., has located at 31 East 20th street.

Dr. A. B. Norton, late with Dr. J. Ralsey White of 228 E. 124th street, has located at 120 East 24th street.

Removals.—Drs. Marcy & White to 353 Fifth avenue; Dr. Hoyt to 36 W. 27th street; Dr. G. M. Ockford to Vincennes, Ind.

Chatterton's Directory of Homœopathic Physicians of the United States and Canada contains six thousand nine hundred and ninety-seven names.

M Pasteur's studies concerning the contagion of yellow fever have been so successful that one of his admirers says that we are on the high road to the extirpation of epidemic diseases.

We desire to ascertain the present address of Dr. D. M. Dysert, Dr. W. Lovell Dodge and Dr. C. S. Nellis. Any one knowing same will favor us by addressing the publishers of this journal.

We have received the *Eclectic, North American Review*, and *Popular Science Monthly* for April, 1882.

The April issue of the *Art Amateur* is one of the best numbers ever published of that excellent exponent of true art.

"Answers to Correspondents" is one of the most readable and interesting features of the *Art Interchange*, and a fund of valuable information.

Professor Muntz, of Paris, has discovered the presence of alcohol in water. The alcohol is supposed to arise from the decomposition of organic matter which becomes diffused in the atmosphere through vapors.

Prof. J. W. Dowling, the eminent Dean of the New York Homœopathic College, has resigned that position, after twelve years of service, Prof. T. F. Allen succeeding to the office. Dr. Dowling now becomes President of the Faculty.

M. Pasteur, in the *Popular Science Monthly* for April, gives the results of his experiments in the vaccination of sheep for splenic fever. He considers his discoveries as important to the animal kingdom as Jenner's system to mankind.

The numbers of *The Living Age* for March 31st and April 8th include Sir Charles Lyell; Monkeys; The Vistas of the Past in the Moon and the Earth; Yellowstone Geysers; Destruction of Egyptian Monuments; Marc. in the Country; American Ants; A Famous Quaker School, &c., &c.

"In all diseases of general debility, wasting or atrophic affections, and in nearly all varieties of indigestion," says J. K. Bauduy, M. D., "maltine is a therapeutic auxiliary, the most valuable I have as yet encountered, and I am daily more and more convinced of its advantages. With the long and very extensive practical experience I have had of its value, I would be at an infinite loss to replace it in my daily practice, now that my confidence in its real merits has been so fully established."—*Review.*

Cod-liver oil in the pure state cannot be used by many persons to whom it is indispensable, and for this reason manufacturing chemists have combined it in various ways to make it more palatable. We have used several of the emulsions now before the profession, and do not hesitate to say that Phillips' Cod-Liver Oil is the most easy of administration and the most palatable we have yet been able to procure. It contains fifty per cent. of pure oil, in combination with wheat phosphates, and is made perfectly miscible in water.—*Med. Tribune.*

THE AMERICAN HOMŒOPATH.

NEW YORK, JUNE, 1882.

PROCEEDINGS OF THE NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

A regular meeting of the New York County Homœopathic Medical Society was held April 12th, 1882.

Dr. C. E. Blumenthal was nominated President *pro tem.* in the absence of President Carleton and Dr. Deady as Secretary in the absence of Dr. Boynton.

Dr. Ella A. Jennings proposed Dr. Kate S. Stanten, Class '78 New York Medical College for Women. Seconded by Dr. Waite.

Dr. Blumenthal, Chairman of the Committee on Legislation, said on the subject of assessing the members of the society, that he had given the subject careful attention. He spoke of three sections of the laws of the State which give permission for forming and regulating our societies, which he then read, from which he concluded there is no doubt that the society has unlimited right to tax its members, but it can only be done at the annual meeting, and it is here where the mistake has been made, and the taxation is illegal for this reason, but the members can be taxed at the annual meeting.

In reply to Dr. T. F. Smith's question as to the legality of the tax of one dollar by resolution at the annual meeting held December, 1881, Dr. Blumenthal said it was.

Dr. Wildes then reported on behalf of the Committee (consisting of himself and Dr. Schley), in memoriam of the late Dr. Scherzer, and read letters from Drs. Dowling and Bradford expressing their high appreciation of the deceased and sincere regrets at his loss. He then spoke of

his personal relations with the deceased and offered a resolution of condolence which was unanimously passed. Dr. Ella A. Jennings then read a paper entitled "Physiology, Hygiene and Pathology."

Drs. Dillow, Norton, and Butler were appointed a committee to report at the next meeting on the resolution on advertising by physicians.

Dr. Dillow moved that a notice be sent to each member of the Society with the usual monthly notice of meeting that these resolutions would be made the special order of business. Seconded by Dr. Deady and carried.

Dr. Mary H. Everett then read the following paper:

ARRESTED EMBRYONIC AND FŒTAL DEVELOPMENT RESULTING FROM MENTAL SHOCK.

A young woman in fair health, but sensitively organized, the mother of three healthy children, was two months advanced in her fourth pregnancy. Gestation had proceeded normally, as was usual with her, up to this time, when she sustained a severe mental shock, through receiving a telegram announcing the sudden death of her husband.

Excitement kept her about for a few days, but when the reaction came there appeared a slight flow, with indications, not severe, however, of impending abortion. Fearing this result, she immediately assumed a recumbent position, took Aconite and kept very quiet till all alarming symptoms had subsided. The flow was inconsiderable. She called no physician.

At the close of the third or fourth month there was a recurrence of the same condition; which was treated and relieved in the same way.

During these months it occurred to her that the usual signs of advanc-

ing pregnancy did not appear, the mammae and abdomen decreased in size and became soft and flabby. Still it was not so marked as to induce her to seek medical advice.

At the end of the fifth month, the flow again appeared with bearing-down pains and much nervous excitement. I was then called to see the patient for the first time.

Found her retching and in a state of alarm lest the abortion so long delayed should at last come. Reassuring her, I still hoped to avert it, but in a few hours, without much suffering there was expelled this specimen of twin pregnancy, with placenta and membranes intact. The respective lengths of the foetus are $1\frac{1}{2}$ and $1\frac{1}{8}$ inch, from the vertex to lower end of spine. They are enclosed in separate amniotic sacs, with one chorion.

As one amnion has been ruptured, I have laid the foetus, which is the larger one, outside for better inspection. Umbilical vesicle of the smaller one may be seen through the amnion. The placenta, $2\frac{1}{2}$ inches in diameter and $\frac{1}{2}$ inch in thickness, appears to have the development, though not the size of what we should look for at five months, which was the length of time this was carried. The hygienic influence of the mental condition of the mother upon the embryo and foetus in utero and upon the child during the period of lactation has interested me greatly as a factor of the highest moment, and it seems to me that if we could but control the mental and nervous condition of the mother during these periods the health of the future generation would largely be assured in the health and development of the offspring.

SMALL-POX IN TURKEY IN THE LAST CENTURY.

BY

E. A. GATCHELL, M.D.

Benton Harper, Mich.

There lies on my table a small book, bound in calf, which looks as though it might be anywhere from fifty to one hundred and fifty years old. The leather covers, where not moth-eaten, are polished with age; upon the back of the volume, in gold letters, appears the title.

"MONTAGU LETTERS."

The back of the book not being wide enough, they crowded the letters together so that they remind of the "awkward squad," or of a row of teeth in a jaw too small to contain them. Prof. Gunning, referring to the small jaws of the present generation in America, says:—"If nature meant it to carry sixteen teeth she has not the intelligence to measure space against number."

Upon the fly-leaf of the book there is written in old-fashioned hand-writing, in now faded brown ink "Hope Savage's Book, 1783." And on the title-page we find that it was printed in MDCCLXVI, for A. Homer and P. Milton. It is a little strange that its publishers should have borne the names of two of the world's greatest poets.

The following is an extract from a letter, contained in the book, and dated "Adrianople, April 1. O. S. 1718."—

"The small-pox, so fatal and general amongst us, is here entirely harmless, by the invention of engrafting, which is the term they give it. There is a set of old women who make it their business to perform the operation, every autumn, when the great heat is abated. People send to one another to know if any of their

family has a mind to have the small-pox; they make parties for this purpose, and when they are met (commonly fifteen or sixteen together) the old woman comes with a nut-shell full of the matter of the best sort of small-pox, and asks what vein you please to have open'd. She immediately rips open that you offer to her, with a large needle (which gives you no more pain than a common scratch) and puts into the vein, as much matter as can lie upon the head of her needle, and after that, binds up the little wound with a hollow bit of shell, and in this manner opens four or five veins. The Grecians have commonly the superstition of opening one in the middle of the forehead, one in each arm, and one on the breast, to make the sign of the cross; but this has a very ill effect, all these wounds leaving little scars, and is not done by those that are not superstitious, who choose to have them in the legs, or that part of the arm that is concealed. The children or young patients play together all the rest of the day, and are in perfect health to the eighth. Then the fever begins to seize them, and they keep their beds two days, very seldom three. They have very rarely above twenty or thirty pits in their faces, which never mark, and in eight days' time they are as well as before their illness. Where they are wounded, there remain running sores during the distemper, which I don't doubt is a great relief to it. Every year thousands undergo this operation, and the French Ambassador says pleasantly, that they take the small-pox here by way of diversion, as they take the waters in other countries. There is no example of any one that has died in it, and you may believe I am well satisfied of the safety of this experiment, since I intend to try it on my dear little son. I am patriot

enough to take pains to bring this useful invention into fashion in England, and I should not fail to write to some of our doctors very particularly about it, if I knew any one of them that I thought had virtue enough to destroy such a considerable branch of their revenue, for the good of mankind. But that distemper is too beneficial to them, not to expose to all their resentment, the hardy wight that should undertake to put an end to it. Perhaps if I live to return, I may, however, have courage to war with them."

When Lady Mary Wortley Montagu returned she *did* war with them; introducing inoculation into Europe, testing it first on her "*dear little son*."

Leigh Hunt apostrophizes her thus:—"Thy poems are little, being but a little wit in rhyme, *vers de société*, but thy prose is much, admirable, better than acute, idiomatical, off-hand, conversational without inelegance, fresh as the laugh on the young cheek, and full of brain."

THE "SHOT-GUN" TREATMENT.

BY

CHAS: H. BRACE, M.D.

Cumberland, Md.

"R Potassa Iodid. ʒ iv s.s.
Hyd. Corro. sub. fʒ s.s.
Tr. Digitalis. ʒ iv
Vini Colchi Sem. ʒ j
Olei Juniper. ʒ ij
Fl. Ext. Taraxaci. ʒ ij
Syr. Limnosis Succ. . . . ʒ jj
Aqua Menth. pip. q.s. . . ʒ viij
M Sig. Shake and take a dessert-spoonful freely diluted, 3 times a day."

If the reader will have the patience to listen I will relate the history of the above prescription.

On the 22nd day of last October I began the treatment of a young lady for typhoid fever, which was very prevalent here at that time. I prescribed *Bap. Tinct.* and she was making a rapid recovery, when she exposed herself and brought about a relapse of her fever symptoms and also paralysis of the bowels, by taking four compound cathartic boluses. This I treated with *Nux Vom.* and enemata, which helped her nicely, and upon returning to the *Bap.* she once more got so much better that she made a call upon a neighbor across the street, which brought about relapse No. 2. This time it settled in the bladder, producing cystitis, strangury and finally complete retention of urine, which when drawn off, had a strong ammoniacal odor. I then prescribed *Pareira Brava*, which acted like a charm upon the bladder, and allowed me to return to my *Bap.* again. My patient was again doing so finely that she concluded she was ready for duty, and had relapse No. 3 which attacked her kidneys producing all of the symptoms of disturbance of those organs, all of which responded well to *Lycop.* By this time my patient was very much run down and I thought she could not stand another back set, but any way she got another and relapse No. 4 was a severe one, it paid its attention to the heart muscle and produced some very alarming symptoms, and finally dropsy. I, this time, put my patient on *Arsenicum* and after three weeks treatment she was convalescent, but only gathered strength for relapse No. 5, which fell in the lungs, and for some days I was sure that I was going to lose my case, as the symptoms were all of a most dangerous nature, and it was only by close

attention and *China*, that I saved her life. The last attack has made her more careful, and now she is convalescent again and I sincerely hope that the experience of the last six months will teach her some prudence.

Now for the prescription. The young lady has an uncle who is a physician of some note, in the city, who wrote to her brother here, to ask how she was getting along, and upon his writing down that she had "heart disease, kidney trouble, consumption, etc.," sent her up the prescription which heads this article, hoping, I suppose, that out of *all* those ingredients that some or one would hit the case.

Now when I go out gunning for diseases, I do not like to take the old-fashioned bell-mouth blunderbuss, put in a big charge of powder, fill it *full* of shot, adjust the flint, and fire at random hoping that out of so many shot one will bring down the game, I find much more satisfaction in the use of the rifle, using only one ball, taking a true aim, and aided by the science of gunnery, I find that I can hit the mark often where the old-fashioned fellows have failed.

CHRONIC PULMONARY TROUBLE COMPLICATED WITH OVARITIS.

BY

G. N. BRIGHAM, M.D.,

Grand Rapids, Mich.

Mrs. O. S., æt. 36, of a sang-bilious temperament. Has been troubled for years with asthma and bronchitis. Several times family have thought patient going into decline with phthisis. Has also been troubled with dysmen-

orrhœa and nervous headache. The left ovary indicates a state of chronic inflammation. The abdominal region in its location being *tender upon pressure*. All her troubles are worse at the menstrual period till the flow is well established when *she feels better*. Period usually is inaugurated with severe headache and much nervous and vascular excitement (as if congestion took place all through the system to use her own language). Much dyspnœa follows or attends with a harassing dry cough. Dyspnœa relieved if she can expectorate. The menses start well and flow two days and stop a day and finish feebly, with a dark color to the matter discharged. The usual color is dark—some clots first day. Has pain in the small of the back and feels like pressing there for relief. Pain and tenderness of the left ovary, pain going down into the groin and more declared about midway of the menstrual repose. Has slight leucorrhœa. Pain in the *left shoulder* in connection with her dyspnœa. Cannot use the left arm well. Can lie down for all the dyspnœa. Had pneumonia five years ago from which she but slowly recovered. Was cured in six weeks with Lac. 200.

THE FAITH CURE.

BY

J. H. SHERMAN, M.D.,

Boston, Mass.

Is it not a subject for reflection that so many different ways of treating disease should be successfully practiced? From the earliest history of medicine there has been an almost incessant change in the manner of combatting disease; and judging from the character of the practitioners as

the results of their practice, we must admit that they all have been more or less successful in mitigating suffering, modifying diseased action and saving life. There is an old school-book phraseology that says: "All men through different faiths seek the same common thing—money." So all physicians by different means seek the same thing, viz: to restore their patients to health. One attacks the disease with lancet, blister, emetic or purge; another with diuretic, diaphoretics and alteratives; a third believes in the power of cold water to cure all ills flesh is heir to, puts his patients into the cold bath, keeps the temperature down to the degree of safety and thus restores them. Now appears a physician who says, "throw physic to the dogs;" proper attention to hygienic laws will accomplish all that can be done for the sick, medicine is worse than useless and "if it was all thrown into the ocean it would be all the better for mankind and all the worse for the fishes." He is followed by an enthusiast who thinks he has the power, if not direct from the gods, at least from departed spirits, and by the "laying on of hands" or by commanding the disease to depart, can make the diseased every whit whole. And so it goes, and there is no practice or theory so absurd that it will not find adherents, and that is not the worst of it, they are often among the most intelligent people, and the best of it is they are often restored to health by these various and opposite means. In our school, which we believe to be the *ne plus ultra* of medical resource, we have members of the most divergent faith. A believes in crude drugs and tinctures, B in the efficacy of low attenuations, C never uses higher than the twelfth, and rarely goes below the sixth, while D advocates the thirtieth, and E says he would not undertake to treat any for-

midable disease with a less potency than the five thousandth. What is the meaning of this diversity of opinion? Will it do to say all or any who practice according to these various methods are mistaken about the results of their practice? No. There is no doubt but that all are right and all do cure disease by these various methods, and admitting this, there is no way of accounting for it except through the mind. "Thy faith hath made thee whole," was the utterance of the "Great Physician," eighteen hundred years ago, and that principle of faith is just as potent to-day as then. I am not disposed to question the efficacy of medicines, whether given in the crude substance or in the highest attenuation, when given in accordance with the law of similars and the dose adapted to the case in hand, not forgetting the limit of divisibility of hard substances. But I most positively believe and affirm, that the sick are restored to health by physiological influence, by the mental impression healthward. The physician having the power to impress the patient that his efforts to restore him cannot fail, has gained a victory over the disease from the start, and the patient is in a favorable condition to be cured. These considerations are not the result of theory or a vivid imagination, they have been verified time and again, by observation at the bedside. Who has not witnessed the removal of warts and other morbid growths by the charm of the stolen piece of meat, which, after being applied to the wart, is carefully wrapped up and dropped for some unsuspecting victim to pick up and thereby possess himself of the undesirable appendages?

Patients are made to sleep after taking what they suppose to be an opiate though it be but a powder of *saccharum lactis*. Pills supposed by the patient to be cathartic, though

inert have the effect of a purgative. Sensitive subjects can be made to vomit at the suggestion of some nauseating drug, or when suffering from nausea may be relieved by strongly diverting the attention in some other direction. You may say that this is on the principle of expectancy if you please, but it does not alter the fact, it is the mental impression that modifies the action of the tissues. And here is a field though not wholly unknown to medical men, has as yet been cultivated to a very limited extent. I do not believe in surrendering it to the charlatans and quacks that infest the country, but let it be taken up and judiciously used by intelligent physicians, and great good may be accomplished by its means. Would I then dispense with medicines and rely upon faith to cure my patients? By no means. There are conditions where medicines are absolutely indispensable, and they are never harmful when given in accordance with the laws of similars and in attenuated doses; besides they are powerful auxiliaries in exciting and upholding the faith of the patient, so essential to his restoration. The Allopathists take advantage of this and the best of them give placebos instead of drugs to cure their patients. The advice I would give is this: always be buoyant and hopeful in appearance before patients, never allow them to doubt your ability to restore them until the case becomes absolutely hopeless, then as a matter of duty you should be honest and state the facts.

ACUTE INTUSSUSCEPTION.

BY

N. SCHNEIDER, M. D.,
Cleveland, O.

(Read before the Am. Institute.)

I have no doubt but that invagination of the bowel takes place, and is

restored, without producing serious results, more often than is suspected, since it is impossible to diagnose intussusception unless strangulation takes place. It may exist for an indefinite time without cutting off the circulation or the calibre of the bowel, the same as hernia may exist without strangulation or even producing much discomfort.

There are two varieties of intussusception recognized after death, one wherein there are no signs of irritation, which is supposed to take place during the death-struggle or after death, the other marked by signs of severe irritation and inflammation, which must have existed prior to death. It is with the latter we have to deal.

In order to comprehend the symptoms and pathology of intussusception we must understand the very interesting and important anatomical relations. The part implicated is composed of three folds of the intestines, the outer one as the sheath, the middle one as the entering layer, the inner one as the returning layer. The outer and middle layers oppose their mucous surfaces, the middle and inner ones their peritoneal surfaces, while between the middle and inner layers lies the mesentery, which, as the invagination increases, is put upon a stretch, and becomes a round cord, or nearly so, or, as some one has said, a triangle with its apex attached to the lower angle of the invagination. The tension induced by this mesentery draws upon the invaginated mass and gives it a curved appearance, its convex surface being opposite the attachment of the mesentery.

Intussusception may take place anywhere along the intestinal canal, but most often occurs at the junction of the ileum and cæcum; it is frequently found at the sigmoid flexure.

It occurs more frequently in chil-

dren than in adults, statistics showing that over fifty per cent. occurs during the first ten years. It occurs more often in males than in females.

It frequently follows debilitating diarrhœa, dysentery, polypoid tumors of the bowels, etc. It is supposed to depend upon an arrest of the peristaltic action of that portion first invaginated.

There are many theories as to the cause, but as far as therapeutics are concerned it is enough to know that, from some cause, be it local irritation or morbid force, the peristaltic action has been interfered with.

The symptoms of invagination may come on gradually, by an attack of slight colic preceded by some accidental cause, then pass away and return again, and so continue for days, until, either from peritoneal irritation or compression of the invaginated mesentery or obstruction, they declare themselves with great violence. We have intense colic, at first circumscribed, which is frequently relieved by pressure, but it soon spreads over the whole abdomen. The pain intermits, leaving the patient free, but during the intermission the patient is prostrated and weak. The pain soon returns with great violence, attended with vomiting, which becomes intense and distressing. At first the matter vomited is the contents of the stomach, then quantities of bilious matter; the latter continues until fecal matter may be ejected, depending upon the situation of the obstruction. The abdomen becomes distended, tender and tympanitic. There is a painful urging to stool, which is accompanied by a discharge of bloody mucus, with more or less tenesmus. This is pathognomonic of intussusception, but must not be confounded with dysentery. Unless relieved these symptoms continue, and the condition becomes more critical. The patient has cold extremi-

ties, cold sweats, sunken eyes, extreme prostration, great thirst, hic-coughs, dyspnœa, hoarse muffled voice, dirty brown tongue, in fact all the symptoms of extreme collapse.

The physician has done all he can; his *Materia Medica* has been faithfully studied and skilfully applied; all his efforts are baffled. The surgeon's aid is now demanded at a time when nature is so exhausted as to exclude all hope of success; when the tissues involved have undergone such pathological changes as to preclude any expectation that the powers of nature are sufficient to effect a cure, no matter in how favorable a position the surgeon by his skilful operation may place them. The various pathological conditions which give rise to acute obstruction of the bowel present a train of symptoms not unlike the foregoing. But the differential symptoms are the history of the attack, the extreme constipation and inability to pass flatus. In obstructions from hernia, knotting or bands, the pain is circumscribed and continues from first to last; while in intussusception the attack is attended by a bloody mucous diarrhœa, the pain is intermitting and becomes diffused, relieved by pressure. While we can sometimes detect a distended coil of intestine, in knotting or bands, we can frequently feel in intussusception a distinct tumor. Dr. Lichtenstein says: "When a tumor is recognized in the epigastric region, the ileum is the part invaginated; when in the right iliac fossa, the ileum into the cæcum; and when it can be felt in the rectum, it is the colon. A blood-clot in the rectum must not be mistaken for an invaginated bowel."

The treatment of intussusception is a question of great interest. Whether the administration of medicine has any salutary influence or not, other than to alleviate suffering, no one can

assert. But I do imagine that there are many cases of severe and obstinate colic, attended with great prostration, produced by a disturbed peristaltic action, which would pass into intussusception, were it not for the prompt administration of indicated remedies; but when the pathological changes are so far advanced as to produce the pathognomonic symptoms by which we can positively diagnose intussusception, I have no faith that any drug will so influence the case as to restore the parts to the normal condition. I believe, however, that the symptoms may be so modified and pathological changes so limited by the administration of properly selected remedies, that time may be given for more decided surgical interference. Cathartics and drastic drugs should never be administered; they hasten a fatal termination.

Among the remedies bearing the *similimum* *Colocynth* stands in bold relief, and its clinical history does not belie its pathogenesis. Second to it stands *Dioscorea vil.*, having its action upon the nerve centres which preside over the chylipoietic system. It promptly relieves many symptoms which indicate invagination. I have no doubt it has relieved many a case which would have passed beyond the pale of therapeutics. *Nux v.*, *Opium*, and *Veratrum alb.*, are remedies which claim an important place in our armamentarium.

If the indicated remedy fails the patient should be put under full doses of *Opium* sufficient to quiet the peristaltic action of the bowels, which prevents an increased invagination; it also relieves the tenesmus, alleviates the pain, and saves the patient from the severe exhaustion incident to the suffering. Attempts should now be made to reduce the invagination by injecting warm water and air; the bowel should be relieved of all fecal

matter below the invagination by an enema of suds and oil, before an attempt is made with a force syringe or bellows. A flexible tube may be carried up the bowel per rectum and air or water forced through this.

Great care should be exercised, as rough and forcible handling will do much harm.

If there are signs of gangrene and extensive peritonitis, all efforts will hasten an unfavorable termination.

Should the efforts be unsuccessful, we must now consider the more serious operation of opening the abdomen, laparotomy. I will here urge the necessity of making the operation early in the case, as soon as the more common methods have been tested, before any of the fatal symptoms declare themselves. It is true that the clinical history so far is not favorable; but it is as true, that the pathological changes have been such as to preclude a favorable result. I have no doubt should the operation be made before the strangulation becomes complete, or general peritonitis established and the system exhausted, it would be comparatively successful, and many a valuable life be saved. It is true that adhesions of the opposed peritoneal surfaces take place very early in the disease, and may become a barrier to reduction after the condition has been found, yet there are cases on record wherein positive symptoms had existed for days and been relieved by an operation.

Hutchins, of London, records a case where he drew out an invaginated bowel of thirty days' standing.

Howard Marsh, of London, records a case of successful issue of fourteen days' duration, while H. B. Sands, of New York, reports a successful case eighteen hours after the appearance of positive symptoms.

I have made three post-mortems,

where the person died in extreme collapse, with extensive peritonitis and gangrene of the bowel, where there were no adhesions of peritoneal surfaces, and the invaginated bowel was readily restored.

It is not necessary to describe the operation, as extensive rules are given in most books on general surgery. Suffice it to say that great care should be exercised in handling the congested bowel, and perhaps already inflamed peritoneum.

THE SPHINCTER TERTIUS, OR SPHINCTER RECTI.

BY

H. E. SPAULDING, M. D.,

Highham, Mass.

Until a comparatively recent period the power of controlling rectal discharges has been delegated to the internal and external ani muscles. To a great degree this belief would seem to prevail at present, since the various English and American anatomists ignore, in their published works, the existence, or claimed existence, of a third sphincter.

Contrary to the presupposed theory, that the rectum is the reservoir in which gradually accumulate the fæces before an evacuation takes place, careful explorations in the human subject prove that in health the rectum is usually contracted and empty. A flexible probe may be passed into the rectum with no escape of gas until it has penetrated the canal about six inches, when gas or fæces, or both, will at once escape through the tube. The fæces do not ordinarily occupy the rectum until the act of defecation commences. This fact has been proved by frequent examinations of the rectum, made at the moment when

moderate inclination to go to stool is felt, finding it empty and contracted. The sigmoid flexure of the colon is the normal reservoir in which accumulates fecal matter, and the sensation that incites an effort to discharge the contents of the bowel is induced by this accumulation of matter being forced into the upper and constricted portion of the rectum.

That this condition always prevails cannot be affirmed. If the *fæces* are in a liquid state they more readily find their way into the rectum, and, as a result of their irritating presence, we have frequent discharges or diarrhœa. In patients and aged people the rectum will frequently be found filled with hardened *fæces*, their very presence there being an indication of disease, and of a failure of the sphincter recti to act. The other fact, sometimes brought forward as proof against the existence of a third sphincter, that on dead subjects the rectum is frequently found filled with *fæces*, for like reasons does not avail. Moreover, when we remember that in the moribund condition there is naturally a forcing downwards of the contents of the bowels, so as to often result in the escape of fecal matter, we must expect to find the rectum filled, even had not the previous condition of disease favored it.

Fæces may become impacted in the upper rectum and colon, while the lower rectum remains empty. I was called to take charge of a patient, who had been under the care of another and a worthy physician, for an abdominal tumor. The case was pronounced hopeless, and the treatment only palliative. The intestinal canal was declared to be nearly closed by the impinging tumor. Cathartic medicine had been given, and injections, as ordinarily administered, resorted to, with the result of getting a watery discharge but very little fecal matter,

occasionally small scybalæ. The patient was in constant distress, and opiates had been freely used. I found, occupying the left sacral and lumbar regions, what appeared to be a hard, nodulated, and elongated tumor. I ordered an injection, which brought away only two or three small scybalæ. A digital examination per anum disclosed the lower portion of the passage empty, but the upper portion thoroughly impacted with what appeared to be fecal matter. This condition, the peculiar contour of the tumor, together with the history of the case, which was long-continued and obstinate constipation, led me to diagnose the tumor to consist of *fæces*. For nourishment I allowed the patient nothing but such liquids as would add little or nothing to the accumulated mass already obstructing the bowels. Attaching a largest-size gum catheter to the canula of a syringe, by means of a piece of fine rubber tubing, I ordered small injections thrown, at frequent intervals, six or eight inches into the rectum. The injections were well retained, and the unpacking soon began. This process was repeated, at such intervals as the condition of the patient would allow, for four days, when, to the great joy of all concerned, the end had been reached, the tumor, like a phantom, had vanished away.

It has for a long time excited surprise among surgeons, that where severe lesions have occurred or operations been performed, destroying both sphincter ani muscles, the patient so generally escaped the disagreeable misfortune incident to an almost constant involuntary discharge of fecal matter, that he could so well control the escape of flatus and *fæces*. In rupture of the perinæum, in congenital opening of the rectum into the vaginal canal, in prolapsus ani, with

complete loss of power in the sphincter ani muscles, the unfortunate patient blesses his good fortune that he still retains control of his bowels, so that the contents are discharged at regular intervals. Ricord reports a case of congenital opening of the rectum into the vagina, yet the bowels acted regularly; and he adds, that during three years of married life the husband remained in blissful ignorance of this abnormal condition of his wife.

These may be termed the physiological proofs of the existence of a third sphincter. They have been accepted differently by the various anatomists. Paget, observing that the fæces were still under the control of the patient, after the removal of the lower portion of the rectum, believed that a new sphincter must have been developed. Houston believed in the existence of an aggregation of circular muscular fibres at the point where it passes through the pelvic fascia. Others, from these and similar proofs, have accepted the fact that there must be a third sphincter in some portion of the rectal canal.

Contrary to the rule in such matters, the presence of this sphincter is more easily demonstrated, physiologically, in the living subject than, anatomically, in the cadaver. Hyrtl "publicly demonstrated the existence of the fibres of the sphincter tertius taking their origin from the sacrum." Nelaton, Velpeau, and others have likewise demonstrated its existence. Hyrtl gives the following directions for demonstrating its presence: "The rectum should be cut upwards, longitudinally, and stretched upon a board and the several layers carefully dissected off until the muscular layer is reached, when the sphincter tertius will be seen as a broad bundle of conglomerated muscular fibres." It is usually located about four inches above

the anus, or, in other words, at the point where the rectum passes through the pelvic fascia. This fact shows, among other things, that if injections are expected to produce their best results by reaching the impacted fæces and softening them so that they may escape more easily, they must be thrown at least four or five inches into the rectum. This the ordinary rectal canula or tube does not accomplish. Hence it is my custom, for the want of something better, to order that the vaginal canula be used for adults.

It was once my good fortune to discover this sphincter developed to an abnormal degree. The case was one of congenital imperforate anus. I performed the usual operation, making an opening through the sphincter ani to the depths of nearly an inch before reaching the rectal canal. There then escaped a fair, not large, amount of meconium, and I naturally looked upon the operation as successful. I used the ordinary means for keeping the anus open, but to my surprise found that only occasionally a little flatus, and of that very little, but no meconium or other matter escaped. At the end of four days the child died, and I was permitted to hold an autopsy that we might discover the cause of the obstruction. The abdomen was enormously distended. The artificial anus I found still open. Opening the pelvis by separating the pubic bones I carefully examined the rectum. The point of obstruction, about two inches from the anus, I found produced by a band of circular fibres, that so constricted the canal that only an ordinary director could be passed through. It was, doubtless, the third or rectal sphincter augmented in the number of its muscular fibres, and at the same time so shortened and permanently contracted, as nearly to produce a com-

plete occlusion of the canal, as had done its fellows the anal sphincter.

CASE OF PERSISTENTLY RECURRING SPASM OF THE BLADDER RESULTING IN THICKENING OF ITS WALLS, DILATATION OF THE URETERS, AND HYDRONEPHROSIS—DEATH FROM URÆMIA—PATHOLOGICAL SPECIMEN.

BY

DR. F. N. OTIS.

The author prefaced the history of the case and his remarks thereon by relating some cases of encysted vesical calculus extremely difficult of positive diagnosis, by reference to other authors, etc.

The case referred to in the title of the paper was of a man 55 years of age, who had suffered constantly for more than twenty years with difficult, frequent, and painful urination. The trouble, the patient stated, began with a gonorrhœa, which ended in chronic urethritis of long duration, the bladder finally becoming affected. He took various internal remedies, and was also treated for stricture. Stone was finally suspected, but not discovered. He passed through the hands of various physicians and surgeons, many of them the most eminent in this city and in Europe, and failing of relief, went the rounds of the regulars, irregulars, spiritualists, etc. The only relief which he obtained, and which was merely partial, was from the occasional introduction of a sound, No. 25, which passed readily into the bladder. Pain in the region of the right kidney had led to the suspicion that there might be a calculus in the pelvis of that organ.

Dr. Otis saw him in December, 1881. He was feeble, emaciated,

tremulous, and had recently suffered from chills, followed by fever and sweating. Intense pain which occurred on urination was referred chiefly to the neck of the bladder. The urine was more or less purulent, and was passed every fifteen minutes, but contained nothing to indicate organic disease of the bladder or kidney. One or two attacks of pain had occurred on the left side, and were thought to be due to renal colic; but no tenderness could be detected in that region.

The urethra measured 37, but there was a contraction nearly an inch from the orifice to 25; and, Dr. Otis having seen cases of long standing presenting similar symptoms to this relieved by division of contracture of the urethra at this point, he divided the orifice to correspond with the urethra behind it. A No. 37 instrument then passed into the bladder, of its own weight, showing that no stricture existed behind. The patient was entirely free from pain for four days after the operation, but there was complete incontinence of urine. At that time he began to have some control over the passage of his urine. Later in the day there was a slight pain, which increased as the control over the urine increased, but not to the degree that had existed before the operation. Suddenly, and for the first time, he complained, on the fifth day, of pain in the head of the penis, followed immediately by a series of spasms similar to those from which he had previously suffered, and occurring at intervals of ten or fifteen minutes. Two days later, symptoms of uræmia developed, and on the fourth day after the occurrence of the pain attributed to the sudden appearance of stone in the bladder, he died in a state of coma.

Dr. William H. Welch made the autopsy, and furnished the following report:

"By request, only the abdominal organs were examined.

"*Kidneys.*—Both kidneys are enlarged. The fibrous capsule is adherent to the surface of the organs. The cortical substance presents a grayish, nearly uniform appearance, with little trace of the normal markings. The pyramids are in great part encroached upon by the dilated calyces. No abscesses are present in the kidneys. The pelvis and calyces of each kidney are greatly dilated, and contain turbid ammoniacal urine. The ureters are likewise dilated, so that their calibre equals nearly that of the small intestine. The walls of the ureters are thickened. No obstruction to the passage of urine exists, either in the pelvis of the kidneys or in the ureters.

"*Bladder.*—The wall of the bladder is thickened to about four times its normal size. The thickening affects all of the coats of the bladder, but especially the muscular tissue. The mucous membrane of the bladder is thickened, and presents in many places, especially about the base, slightly elevated, grayish, discolored patches, such as are seen in so-called diphtheritic cystitis. The capacity of the bladder is about that of the normal organ. Its contents are ammoniacal urine and a small calculus. This calculus is about an inch in length and conical in shape, resembling somewhat a canine tooth. Such a calculus might have been formed in one of the dilated renal calyces. The calculus is apparently of recent formation, being very friable, and composed wholly of phosphates, without a nucleus of uric acid or oxalate of lime, as shown by chemical examination.

"*Urethra and Prostate.*—The prostate is of about the normal size, and

had not occasioned any obstruction, so far as could be detected. The calibre of the urethra seemed to be normal, presenting no evidence of stricture.

"The spleen is somewhat enlarged, and surrounded by firm fibrous adhesions. The liver, stomach, and intestines present no noticeable change. The microscopical examination of the kidney showed a marked new growth of fibrillated connective tissue which is infiltrated with lymphoid cells. The uriniferous tubes are in places compressed and atrophied, in places dilated, in places filled with fatty epithelium.

"*Diagnosis.*—Chronic cystitis, with dilatation of the ureters. Hydronephrosis and chronic interstitial nephritis. The cause of the cystitis is not apparent."

In the absence of obstruction of any kind, or of other cause, to account for the thickened bladder, the dilated ureters, and the hydronephrosis, Dr. Otis thought it quite possible that all the difficulty had been produced by spasm reflected from irritation at a distant part. This view was substantiated by the fact that for a time his symptoms disappeared on division of the narrowed urethra near the orifice, and returned only after the passage of the stone from the kidney into the bladder, as was evident from the *post-mortem* examination. He believed that had this probable cause of his trouble, constriction near the orifice, been recognized earlier in the course of the disease, before such serious changes had taken place in the bladder, ureters, and kidneys, and proper measures adopted for its relief, the patient might have recovered, and enjoyed a life of health and happiness instead of one of years of extreme suffering, terminating finally in death.—*Medical Times.*

THE
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EDITORIAL.

With sincere regret we have learned that Professor J. W. Dowling has found it necessary, in consequence of increasing practice in his specialty of diseases of the heart and lungs, to resign his position as Dean of the Homœopathic College of New York.

The Professor has held his position as Dean for twelve years, and we do not hesitate to say, from personal observation, that we have never known any one better qualified for the duties it involved.

Dignified, suave, and with remarkable clear-sightedness, he gained the approbation of all who came in contact with him or had the opportunity of observing him in his official labors.

We trust that in his station as newly elected President he will be able to advance the interests of the Institution he is so much attached to.

His successor in the office of Dean, Professor T. F. Allen, is probably the best man that could have been selected without the risk of making a contrast very apparent; he has all the qualities requisite to discharge the duties of his new position to the best advantage of the college of which he has been so long an ornament and one of its profoundest lecturers.

ON PROF. A. B. PALMER IN THE
NORTH AMERICAN REVIEW*.

Were it not that a well known serial had lent the cover of its pages to a controversial denunciation of Homœopathic Medicine, under the title of "The Fallacies of Homœopathy," we would hardly consider Prof. Palmer's article worthy of serious attention.

We recognize that the effort places itself not alone before the medical profession, who, in the language of the writer, "should be qualified to judge of its merits, (i. e. of Homœopathy) but before a certain portion of the intelligent non-medical public: a class of society largely ruling the prevalent opinion held of professional men. For these reasons simply we would patiently reply.

The best answer that can be made to Prof. Palmer, we consider to be, the recent action of the N. Y. State Medical Society, in revising their

*March, 1882.

code of ethics so as to allow their members, particularly, we believe, their specialist members, to consult with homœopathists, for the great good of humanity.

We think this especially answers such expressions in his writing as, "and it will be seen how impossible it is to accept them, (the homœopathic doctrines just laid down.C.) or for scientific physicians to have professional relations with those who profess to believe and be governed by them," and "It is too evident to be stated that there can be *no* agreement between a *regular* physician having any established professional views and a sincere homœopathist.

"No benefit can arise to a patient from the practical disagreement which would be inevitable," (*Italics ours*).

Premising the facts that although practically a physician is more or less at the mercy of his consultant and that the latter, when of another school, is subject to no restriction upon his speech or action such as the common bond of professional brotherhood in either school would impose, we may say, that agreement between practitioners of different methods in therapeutics *can occur* in innumerable cases where questions simply of diagnosis, etiology, prognosis, surgery, or hygienic treatment arise, or form the matters most important to the patient or most insisted upon by him—matters from agreement in which, great benefit may result to the individual.

While deprecating consultations between practitioners so distinctly divided into separate organizations by the line long ago laid down by our then exclusive brethren of the Old School, we can yet imagine cases where at the desire of a patient acquainted with some old school practitioner, whose views of his disease he would simply like to have, a homœopathist

could meet him honorably in discussion respecting the pathology or special hygiene; but to all requests for consultation upon therapeutical grounds we believe he can only honorably say—It would not be possible for us to agree upon either a treatment, in which I would not believe, or one which he would not understand.

To take the risk of agreeing upon a hybrid treatment where the parties are neither fully acquainted with the resources of the other, although each perhaps valuing some of the remedies employed by his *confrere*, is to say the least, unsafe, and apt to lead to professional detraction on both sides; just so long, in fact, as homœopathy claims to be a Science of Therapeutics and the Old School fails to see that its various therapeutic measures, when not really homœopathic, are mainly mere expedients, which will simply be used until homœopathic medicine has so far developed itself that all may readily see its immeasurable field and infinite superiority: when one may also more easily acquire and practice it in preference to a routine method of slight difficulty but limited range. A fusion of ideas on this point, a giving way on both sides, to which we must say there seems to be some tendency, would be fatal to our faith. The injury to truth would be the curse of amalgamation. The swallowing up, for we cannot tell how many years, of the firm inductive faith in a law of nature as true as that of gravitation, in a body of rationalists tending towards therapeutic nihilism, could be the only result of a fusion before our work is complete. FOR IT IS THIS DUTY of *missionary work*, until the law is generally acknowledged, that must band the homœopathists together with their name and motto flying.

But perhaps we may best meet Prof.

Palmer by noting what merely two authoritative Old School writers have had to say with respect to Homœopathy. We may quote as did the late Carroll Dunham in his monumental essay on Homœopathy the Science of Therapeutics, the statement of Sir John Forbes, a certainly competent authority, one quoted in fact by Prof. Palmer, who, disbelieving in homœopathy, yet said in speaking of Hahnemann, "No candid observer of his actions, or candid reader of his writings, can hesitate for a moment to admit, that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excitator and founder of an original system of medicine, as ingenious as many that preceded it, and destined probably to be the remote, if not the immediate cause, of more important fundamental changes in the practice of the healing art, than have resulted from any promulgated since the days of Galen himself; * * * he was undoubtedly a man of genius and a scholar; a man of indefatigable industry and of dauntless energy."* Again, in the words of Dr. Dunham:—Hufeland, the Nestor of orthodox medicine in Germany, in calling attention to an essay published by Hahnemann in his (Hufeland's) Journal in 1801, speaks of him as "one of the most distinguished physicians in Germany." How, we may say, do these tributes compare with those of Prof. Palmer: such for instance as, He "(Hahnemann) has been exalted almost to a demigod by his followers, but to others he seems to have been a restless, ambitious, vain, perambulating visionary imbittered by his want of success, who gave vent to his bitterness against a profession in which he had failed to obtain distinction or a competency," or the

misleading statement that "he attempted to obtain practice in twenty-four different places in the course of twenty-eight years," when, if at all informed, as he should have been, he would have known that the sole cause of Hahnemann's frequent removals from place to place, was the repeated persecution and actual ejection to which he was subjected by the apothecaries and medical men of each town, backed by the peculiar laws of the State, providing that all prescriptions should be compounded at the drug shops; a persecution which he suffered in every German city in which he located after beginning to practice Homœopathy.

In the words of a contemporary, however, we think we can consign Prof. Palmer to the tender mercies of his own school.

Yet there are, nevertheless, certain seeming arguments advanced against Homœopathy by Prof. P. which, to the unwary, appear to indicate fallacies in our system of medicine. Prof. Palmer states that the formula *Similia Similibus Curantur* "necessarily carries with it several other doctrines, constituting the system, which it is the object of this paper briefly to examine," and assumes that there are nine "professed articles of belief," which were "taught by Hahnemann and his consistent disciples," and which, "if they do not constitute the homœopathic creed, if they do not include and represent the doctrines of homœopathy, then it is impossible to determine what that creed is, and what the doctrines of that system are." In other words, as the context of his argument shows, he regards Homœopathy as an organic whole, made up of nine separate articles of faith.

This, we would say, is both an incorrect and an unwarranted assumption, in the face of his own admission

*Br. & For. Med. Rev. XLI—1846.

that "It is not alleged that all these professed articles of belief are held by all homœopathists of the present day" and in the face of the fact, also, that we claim and have claimed, not that *similia similibus curantur* was the "central doctrine" of a number of doctrines making up a "creed," but a fundamental law of nature, the belief or non-belief in which constituted the test of a homœopathist, a test not necessarily accompanied by any other.

It is fully possible for one to have a firm faith in the law, to be *certainly* a homœopathist and to practice homœopathy, yet not to subscribe nor practice according to a single other "doctrine" laid down by Prof. P. Neither (No. 2) to prescribe for symptoms alone, as every thoroughly scientific homœopathist should, but as many do not (who drag in theories of drug action and disease action in prescribing); nor (3) to believe in imponderable or infinitesimal doses, as many do not as yet: nor to believe in potentized medicines, as some do not: nor (5) at all necessarily to use medicines prepared according to the usual homœopathic methods adopted by Hahnemann for convenience of preparation and keeping and safety from contamination: nor (6) to use pellets as a vehicle of medicine:—(two queer dogmas—weighty factors in a creed, most certainly): nor (7) to prescribe a single simple medicine at a time, as many of those possessing insufficient knowledge of their materia medica do not: nor (8) necessarily to prescribe according to the indications obtained from "special provings" contained in works on Homœopathic Materia Medica, as with the knowledge of drug pathogenesis to be gained from some recent old-school works on materia medica, homœopathic prescriptions can be made, though lamely made: nor (9) to be-

lieve in the doctrine of a constitutional origin for chronic disease in general, as, in fact, but a few fanatical followers do.

The majority of homœopathic physicians however do believe in the "doctrines" with the exception of any necessity for using certain vehicles of medicine or modes of preparation, and of the theory that chronic diseases are due to a psoric* (rheumatic) or constitutional taint; but believe in them simply as corollaries of the great truth from the practical application of which they flowed, in major part necessarily, as Prof. P. in fact admits in several places in speaking of the development of one "doctrine" after another by Hahnemann.

Respecting Prof. Palmer's treatment of them we must refer every candid mind to the paper itself, we cannot describe nor undertake to deal seriously with the paragraphs of his article. What, for instance, can a mathematical calculation of the amount of water required to dilute a drop or grain of drug to the thirtieth attenuation as a means of proof of fallacy amount to, when the means of experimentally testing the therapeutic or pathogenetic power of this dilution exist at his hand or at easy reach. Of what avail is an estimation of the amount of medicinal substance in an ounce of such a preparation, in a matter where deductive philosophy can furnish positive proof or disproof; where the whole matter in fact is one of induction, to be decided only by accumulated facts,—by demonstrable proof, already at hand, Prof. P. to the contrary notwithstanding. *

*The Greek word *psora* and the Roman scabies being both applied to what we now know as eczema, with which parasitic scabies became confounded and afterward was viewed as the typical eruption, the discovery of the parasite destroyed the theory. See Piffard Diseases of the Skin.

It is always to be borne in mind that the proof of Homœopathy, of the truth of the homœopathic law, is not bound up with the proof of power or efficacy in potentized medicine. Any substance which introduced into the healthy organism in small, large, (so long as chemical or mechanical effects do not result), or infinitesimal quantity produces phenomena which it will markedly remove, when due to some other cause, from a diseased organism in whatever dose given, will prove the truth of Homœopathy, if the experiment be repeated often enough to render the result true beyond chance.

This therefore makes Homœopathy a positive or inductive science and a purely empirical art in contrast to old school medicine, which is hypothetical. In one, the prescription is made by finding what drug has produced the group of phenomena observed in the patient, or group most similar thereto; in the other when it acts on a principle a drug is selected, the prevailing theory of whose action most nearly offsets the prevailing theory of the disease present, except where cures are made unwittingly according to the homœopathic law.

The most serious mistake (?) that Prof. Palmer makes, however, is in considering that the truth of the law rests upon the power of drugs to produce the *same* diseases which they will cure, and instances the fact that iodine will not produce goitre, nor quinine the ague, just after quoting from Hahnemann on the previous page that "In every case a medicine must be given which can itself produce an affection *similar* to that sought to be cured." * (Italics ours.) Now, *similar* certainly does not mean *the same*. Similarity is surely distinct from identity, else Homœopathy

would be just what it is not, namely, isopathy—a thing practically limited to the prevention or modification of contagious diseases, if indeed the name be applicable here.

Diseases being, as Hahnemann says, *definable* only as *aberrations from the state of health*, which declare themselves by symptoms,† it would, of course, be impossible according to the above interpretation of the law to benefit cases contagious disease, as we now do, by administering medicines which could not produce these self-same diseases. We are, in fact, rather at a loss to see how any one devoting enough attention to the subject to discuss it, should make the mistake (?) of supposing that homœopaths claimed that their medicines would produce the same diseases they are used to cure, whether infectious, idiopathic, or traumatic.

This and much other less important matter strikes us as more specious than damaging. What for instance can be the intent of a long paragraph on the second page, devoted to showing that the profession "have shown a readiness and even an eagerness to entertain new ideas and accept new truths," in which he correctly states that Jenner received the facts of vaccination from dairymen, but seems to be entirely ignorant of the years of bitter personal controversy Jenner went through with after modestly publishing his discovery with the proofs at the end of twenty-three years of experiment and observation, and refusing in the midst of the fight a guaranteed income of £10,000 a year for partnership in a secret practice of his art, *before the*

diseased conditions from the therapeutic standpoint, recognizing that no two cases of disease are alike; speaks of affections probably as groups of morbid phenomena rather than as abstract nosological concepts.

* Hahnemann having become disgusted with the pathology of the day, and treating of

† Organon, 5 Am. Ed., p. 70.

profession finally took it up on popular compulsion

But we must end our consideration of Prof. Palmer's knowledge, and may perhaps best do it by comparison upon a common ground, by giving Hahnemann's and Palmer's definitions of disease.

Hahneman, at the dawn of the century, says: "Now diseases are definable only as *aberrations from the state of health* WHICH DECLARE THEMSELVES BY SYMPTOMS."* (Capitals ours). Again, "the abnormal *functional activity which we call disease*† (italics ours), and again, "Hence disease considered by allopathists as a material thing, hidden within, but distinct from the living whole, is a non-entity, however subtle it is thought to be. It (the idea of entity) could have originated only in the minds of materialists, and has for thousands of years imparted to medical science manifold deplorable directions, stamping it as an unwholesome instead of a healing art."†

Prof. Palmer after placidly remarking that homœopathic writers seem to regard diseases as material substances, defines disease by saying: "Science has determined that diseases are phenomenal, are deviations from normal activities and normal *compositions and structures* in the organism": Again, "diseases are known to be aggregates of *phenomena*" (Italics ours).

Not the changes in the vital processes which cause the phenomena and the deviations from normal compositions and structures (post mortem phenomena); but the phenomena are insisted upon.

Without further comment, forgetting that Hahnemann's claims are as a therapist, and forgetting also the

time in which he lived, we would merely remark, Which knew best the subject of his task, Hahnemann or Prof. Palmer.

W. Y. C.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

To the members of the American Institute of Homœopathy and the profession in general.

The thirty-ninth anniversary and the thirty-fifth session of this national body will be held in the New Denison House in Indianapolis, Ind., commencing Tuesday, June 13th, at 10 o'clock, a.m.

The proceedings will be opened with the address of the President, Wm. L. Breyfogle, M. D., of Louisville, Ky., after which the usual order of business will be carried out.

The titles of the papers to be presented by the different bureaus, so far as they have been reported, cover a range of practical subjects of great importance and daily interest, and have been prepared by well-known writers, professors and practitioners of our school.

The thirty-fourth session was marked by an awakened interest on the part of the members in the advancement of the material prosperity of the Institute as shown by the attendance and the large addition to the membership.

We have no doubt that the thirty-fifth session will be equally as successful in each particular as the one which preceded. As the Institute again meets in the West, two years after the successful and enjoyable meeting held at Milwaukee, we are certain that every physician who is a member of the Institute or who desires to become a member, and especially those who live West of the

* *i. e.*, Phenomena of disease.—C.

† Op. cit., pp. 70, 68 and 69.

Alleghenies, will feel it to be not only a duty but a pleasure to attend this annual session. Whether you are present or prevented from attending by circumstances beyond your control, you should not forget that the Institute is a representative body and your assistance, in the form of practical contributions and the extension of its membership, is desirable to enable it to maintain this position.

Indianapolis being one of the great railroad centres of the West it can be reached easily from every point. The members of the profession living in the State are prepared, through the Indiana Institute of Homœopathy and Dr. O. S. Runnels, Chairman of the Local Committee of Arrangements, to give the members of the Institute, and their families, a good, hearty and generous welcome, and will do all in their power to make the meeting an occasion of pleasure and profit for those who attend.

The members of the Institute will be accommodated in the following hotels: The New Denison House, (terms, \$2.50, \$3.00 and \$3.50 per day according to the location of the room;) the Bates, (\$2.50 and \$3.00;) and the Grand, (rates to members, \$3.00 and \$3.50 per day, a limited number of rooms will be placed in reserve at \$2.50 per day.) Members should notify Dr. O. S. Runnels, of Indianapolis, *in advance*, stating the number of rooms required, price they wish to pay, etc., so that their rooms can be *reserved* for them, and they advised before leaving home, where they have been placed. By giving attention to this matter considerable annoyance both for the members and the Committee of Arrangements, will be avoided.

Full particulars in regard to railroads, rates of fare, etc., will be inserted in the regular circulars, which, together with applications for mem-

bership, can be obtained by addressing the Secretary.

In behalf of the Executive Committee.

J. C. BURGER, M. D.,
General Secretary.

Pittsburgh, Pa.

The following titles of papers were received too late for the general circular.

Bureau of Surgery, A. R. Thomas, M.D., ch'n. Geo. A. Hall, M. D., "Carcinoma of the Rectum," I. T. Talbot, M.D., "Antiseptic Surgery;" N. Schneider, M.D., "Cystitis;" C.M. Thomas, M.D., "Rapid Lithotripsy;" H. I. Ostrom, M.D., "Relations Between Waste Cells and Pathological New Formations, with Special Reference to Neoplasms of the Breast;" C. L. Green, M. D., "An Emergency in Surgery;" J. E. James, M.D., "Osteotomy."

Bureau of Microscopy, J. Edwards Smith, M.D., ch'n. J. C. Morgan, M.D., "Hyaline Tube-casts."

Bureau of Anatomy, W. von Gottschalk, M. D., ch'n. "Mola;" Wm. Owens, M. D., "The Vaso-motor Nerves; Their Origin, Functions and Relations to Morbid Processes;" G. H. Wilson, M.D., "Perinephritis, with Suppuration, in a Boy Three Years old;" H. P. Bellows, M.D., "Some Interesting Effects Produced by the Action of the Attenuated Drugs upon the Growth of Protophyte as Observed by the Microscope;" C. Van Artsdalen, M. D., "The Uterus. Its Anatomy;" John Malin, M. D., "Do. Its Physiology;" N. Homer, M.D., "Do. Its Pathology."

Bureau of Psychological Medicine, S. Lilienthal, M. D., ch'n. O. P. Baer, M.D., "Psychological and clinical Observations on Insanity;" T. L.

Brown, M.D., "When and Why are we Insane?" P. G. Valentine, M.D., "Tape-worm. Its Relation to Insanity;" J. C. Guernsey, M.D., "Imperfect Hygiene of the Sexual Function in Women as a cause of Insanity;" J. R. Haynes, M.D., "The Responsibility of the Insane." "The Inhibitory Theory of Motor Nerve Action," by P. Dudley, M.D.,

J. C. BURGHER.

General Secretary.

ABSTRACT.

SPONGE TENTS.—Dr. Albert H. Smith. It is not necessary to dilate upon the necessity of mechanical dilators for the neck of the uterus, both as a means of diagnosis and as an important therapeutic measure.

The original sponge tents were made from a flat piece of sponge, saturated with wax and pressed flat between pieces of marble. This form of tent is comparatively useless, as it expands in one direction only. The first suggestion of the present form was, I think, by Dr. Sims, in his work on Uterine Surgery. His method consisted in immersing a conical piece of sponge in a strong mucilage of gum arabic, impaling it upon a wire skewer and winding it tightly with a cord, after which it was hung up to dry, when the cord and skewer were withdrawn and the tent smoothed with sand-paper. If the cord was wound on the sponge with sufficient tightness to give the tent useful expanding power, great difficulty was experienced in withdrawing the stylet. I was led to make a few changes in the method, and now employ a cylindrical piece of sponge, which is saturated with water only, and, without any stylet, is wound with a piece of fishing-line, to which

a six-pound weight is attached. This compresses it thoroughly, and its form is easily given by the fingers during the process of rolling. The surface should be made as smooth as possible by means of sand-paper.

The tent should be of uniform size from end to end. If it is conical, the tent is introduced as far as possible, but only the small part, without much dilating power, enters the internal os, and it is not unfrequently withdrawn unexpanded, while the external os and the cavity of the cervix are widely dilated. The sponge selected should be strong and fine. I have seen tents made from coarse, rotten material, which would break during the extraction, leaving portions within the cavity of the uterus.

The introduction of medicating materials into an internal cavity of the tent is objectionable, as they usually corrode the sponge, and the space and loose winding necessary to allow the removal of the stylet reduce materially the dilating power. The curved shape is useless, as the uterus can be straightened before the insertion of the tent, and less force is needed for the insertion of a straight one.

To prepare the uterus for the introduction of a tent, first use a dilator of soft metal, or a graduated wax bougie, to straighten the cervix and measure the length and calibre of the uterine cavity, noting tortuosities, etc., then rapidly introduce the largest tent possible, having first coated it with an enamelling material—as soap—and immersed it in a box of salicylic acid in fine powder, which is to be rubbed in thoroughly to form an antiseptic paste over the tent.

A sponge tent thus prepared may be allowed to remain *in situ* for forty-eight hours without developing any unpleasant odor, unless there is breaking-down tissue which may overpower the disinfecting powers of the acid.

For ease in inserting I have had constructed a peculiar powerful forceps to hold the tent clamped tightly and enable the operator to pass it rapidly to its position. Hot-water injections after the tent is in position will expand the sponge rapidly and fix it in about a minute. If pain follows the insertion, it can be controlled by proper remedies.

Time of removal.—If the tent is removed at the end of twenty-four hours it will cause hemorrhage, because the spongioles have buried themselves into the cervical tissues, which grasp it tightly, and a forcible extraction will drag away portions of the uterine tissue and leave a raw and absorbing surface. But at the end of forty-eight hours the tent comes away easily without any bleeding. The contractile power of the uterus still remains at the end of twenty-four hours, and the presence of a finger or application in the cavity of the uterus causes rapid contraction. At the end of forty-eight hours the uterus is paralyzed, all pain has ceased, and local irritability is less. When the tent is removed, wash out the cavity of the uterus with tepid water.

Among the advantages of the sponge tent is its slowness of dilatation,—not slowness of expansibility. The power of the laminaria tent is greater as a dilator, but it will slip from the uterus as soon as it has ceased expanding, while the sponge tent will remain as long as it is wanted to. The sponge has also a disintegrating power over morbid surfaces. The healthy tissue will contract again, but diseased structure will not contract, but will slough off, its vitality being destroyed. The sponge being porous, discharges will pass through it.

The usefulness of the sponge tent is for both exploratory and therapeutic purposes. It causes less pain than

the laminaria tent, and after its removal there is less tendency to contraction, and is thus more satisfactory for exploratory preparation. The sponge has a stimulant effect on the uterine parenchyma, and in cases of chronic metritis and hyperplastic enlargement it will cause a reduction of bulk. In one case, after the prolonged use of internal applications etc., the repeated use of sponge tents resulted in a complete restoration to the natural size. In cases of stenosis the laminaria tent may be preferable, and I prefer it to cutting operations or the use of powerful steel dilators. In one case, years ago, I introduced a sponge tent, in my office, and allowed the woman to walk home and keep about her daily duties. The menstrual flow came on two days later, entirely without pain, for the first time in the patient's experience: the flow escaped through the sponge, and the latter was then removed. Conception occurred before the next menstrual period. The sponge tent is also the safest agent for the destruction of granular growths of the endometrium. A patient had been bleeding profusely at every period for three years. Supposing a polypus to be the cause, a sponge tent was introduced to secure dilatation. A finger was introduced into the uterus, but finding no polypus, more tents were passed to the fundus. Fungoid growths of the endometrium were broken up by the tents. I was disappointed in my expectations of finding and removing the supposed cause of the hemorrhages, but was agreeably surprised to find the patient remain well after the uterus contracted. Another patient was sent to me from Boston for diagnosis only. I obtained permission to use a tent for exploratory purposes. I dilated the uterus with the largest sponge tent passed to the fundus, introduced my finger, and found fungosities on the

anterior wall, but the means intended for exploration resulted in a cure.

In a case of polypoid pediculated growths, I at once dilated with sponge tents after the use of the wax bougie; the finger found a pediculated growth as large as a hen's egg, but the tent had disintegrated it, and it could be removed by the finger without instrumental aid.

Dr. E. L. DUER described a method of preparing a sponge tent expeditiously. Take a clean sponge of cylindrical form, dip it into melted wax or paraffine, and compress it into form as it cools. Tents may be introduced, when speculum and forceps are not at hand, by wrapping the string attached to the tent around the forefinger of the right hand, and inserting the thumb-nail into the base of the tent. The first and second finger of the left hand are passed behind the cervix; the tent is then introduced into the os uteri, and the left hand being quickly transferred to the abdomen, counter-pressure is made and the tent forced home.

Pain following the insertion of a tent is frequently the consequence of pressure upon the fundus, and if the tent be withdrawn about one-fourth inch the pain will be relieved. The sponge tent is, without doubt, one of the most powerful means for the reduction of uterine hypertrophy.

Dr. PAUL F. MUNDE agreed that that sponge tents were indicated in uterine hypertrophy and granulations of the endometrium. He has never had any bad results from dilatation of the uterus by mechanical dilators of any form; but he has withdrawn very offensive sponge tents after twenty-four hours' use, and feared danger might be near, and wished to avoid it. He can get tupelo tents of any size; it dilates not too rapidly, but regularly and strongly, and he preferred to use them.

Dr. Munde agreed with Dr. Smith as to the method of application. He always made use of three steps in the insertion of a tent. He placed the patient in Sims's position. The cervix should be exposed properly, and seized by a tenaculum; then the tent, being properly held in a strong forceps, is dipped first into a jar of liquefied carbolic acid, then into a jar of vaseline, and then rapidly passed into the previously cleansed uterine cavity,—quickly if the tent be not too large: if there be any point for it to catch upon, it will catch. At the end of twenty-four hours he always removed the tent; and it was pretty nasty sometimes. He always dreads some bad result, but has been fortunate so far, and has not seen any. He now uses the tupelo tent, and treats it in the same manner that he previously did the sponge tent. It is easily introduced; it becomes fastened in a few minutes; its effects are good; the patient does not complain of much pain; it does not imbibe so much as sponge, and does not sink into the uterine tissue as the latter does; but it is not so efficient in reducing the size of the hyperplastic uterus, for there is nothing else so good as sponge for that.

After a tent is removed, the uterus should be thoroughly cleansed.

In cases where the sponge was successful for the relief of sterility, a tupelo or laminaria tent would have probably done just as well. A sponge tent increases discharge and causes local irritation, and its removal involves loss of epithelium, and for these reasons it is not generally so good for relief of sterility. As the sponge tent is rough, it sticks, and is introduced with great difficulty, if it be of large size in proportion to the calibre of the internal os.

It is a maxim that a sponge tent must not be introduced into a fresh

wound; and does not the dilator or bougie cause a fresh wound?

The sponge tent is undoubtedly the best for hyperplasia, but all the other indications are filled by the laminaria and tupelo tents.

He had experienced difficulty in the tapering tent, and had therefore cut off the small end of the tent. A Molesworth dilator is open to the same objection in some cases, not dilating either os, but expanding largely in the space between; the conical tent does the same thing; blunt sponges are very difficult to insert: the laminaria has dilated in the cavities of the cervix and body of the uterus, with an hour-glass constriction at the internal os, and it was withdrawn with great difficulty. The tupelo tent dilates more equally, and also more slowly. Sponge tents are also hard to withdraw, and should be twisted before traction is made.

DR. DUER suggested twisting in one direction only, allowing the grasping instrument to be drawn in by the shortening during twisting until the tent was entirely loose. On one occasion a piece of tent broke off and remained inside the uterus, but it was extruded by uterine action, and was found in the vagina the next day.

DR. MUNDE.—Where should tents be applied? At the office. What should be done with the patient after the insertion of the tent? It is very reprehensible to introduce a tent unless a patient can be kept in bed for one or two days after the removal of the tent: this a very important point. He is accustomed to introduce all tents in the Sims position and through Sims's speculum, and has not succeeded so well on the back, because the tent easily becomes rough if not quickly pushed to its place. He introduces the sound and frequently the hard stem on the back, pushing the

uterus down on the stem by pressure above the pubes.

DR. A. H. SMITH.—Success in the treatment of sterility by means of sponge tents depends upon the relation of the time of insertion to the menstrual period. If used just before the period, it dilates the uterus and expends all its malign influence before the time at which the uterus is expected to receive the impregnated ovum. The tupelo tents fail in fulfilling the indications, as it would not allow the flow to pass through it (unless perforated), and it would not pass beside it if large enough to be of benefit. He had commenced to use tupelo tents when they were first introduced; he found them very spongy and soft, with slight dilating power, and easily constricted by the internal os; he did not find it to have any advantages over the laminaria or sponge tent; it has great powers of absorption, and had the appearance when new of having been used and dried again. (*The tupelo tents are much better now, are hard, smooth, and have great power.*—Dr. Munde.

Respecting the use of the bougie before inserting a tent. The bougie does not cause a tear or abrasion of the surface. The wax bougies are flexible-pointed and graduated in form: he has never seen bleeding follow their use. He has never used a steel bougie. He considers that there is less risk than from the use of mechanical dilators, of which he is much afraid.

There is no difficulty in introducing a cylindrical tent, as it dilates uniformly from end to end, and a smaller tent answers the purpose, as the important point is the internal os; that is where the largest amount of pressure is needed. He prefers the position on the back: the relation of parts is more natural, and the uterus is more easily straightened by pressure

on the fundus above the pubes, making introduction easier.

Tents should never be introduced in the office: it is very reckless: the patient should be put to bed, and cleansing injections should be used.

HOT WATER IN THE TREATMENT OF HEMORRHOIDS.—Landowski (*Cbl. f. Chir.*; from *Four. de Therap.*) suggests hot sitzbaths in bleeding piles, together with enemata of hot water. These not only check the bleeding, but also diminish the size of the tumescient tumors to a marked degree. In ordinary hemorrhoids three sitzbaths per diem may be employed. In bleeding piles the baths should be more frequent, and the enemata should be given as hot as the patient can bear (usually about 104°).

The London *Lancet* says: "Nervous diseases and weaknesses increase in a country as the population comes to live on the flesh of the warm-blooded animals. This is a point to which attention has not been adequately directed. 'Meat'—using that term in its popular sense—is highly stimulating, and supplies proportionally more exciting than actually nourishing pabulum to the nervous system. The meat eater lives at high pressure, and is, or ought to be, a peculiarly active organism, like a predatory animal, always on the alert, walking rapidly, and consuming large quantities of oxygen. In practice we find that the meat eater does not live up to the level of his food, and as a consequence he cannot or does not take in enough oxygen to satisfy the exigencies of his mode of life. Thereupon follow many, if not most, of the ills to which highly civilized and luxurious meat-eating classes are liable."

EFFECT OF AN OVERDOSE OF PODOPHYLLIN—AMOUNT TAKEN ABOUT SIXTY CENTIGRAMS (TEN GRAINS.) PROF. D. W. PRENTISS.—*PHILA. MEDICAL TIMES*.—Mrs. H., aged about 45 years, a strong, healthy person, had been constipated for a week, and was feeling badly in consequence. Her husband was in the habit of taking podophyllin for constipation, and had a bottle of it in the house. Mrs. H., knowing this circumstance, got the bottle, and took out as much of the medicine as could be held on the handle of a teaspoon, mixed it with a little water, and swallowed it. The dose was taken April 9 at 5 P. M.

At 7 P. M. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 P. M., feeling very badly, went to bed. The pain had ceased; there was great exhaustion, with relaxed muscles and a feeling as though the body was bathed in sweat, which it was not; then came a fearful pain in the occiput, as "though the head was being split open. This pain lasted about two minutes, and was followed by a dull throbbing ache and feeling of heaviness, so that the head could not be raised from the pillow. At 8.30 o'clock vomiting began,—first the contents of the stomach, then thin, bitter, dark green fluid,—from half a pint to a pint at each attack. There were six or seven spells of vomiting between 8.30 o'clock and 4 o'clock the next morning. With each spell of vomiting the bowels moved,—first constipated, then thin, watery stools, but no blood. There was no pain with the stools. Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

I was called to the case at one

o'clock in the night,—eight hours after the podophyllin had been taken,—when I found the patient in a state bordering on collapse; features pinched, extremities cold, pulse very feeble.

It is remarkable in this case that there should have been so little pain in the stomach and bowels. This was almost entirely absent, with the exception of occasional cutting pains at the first. On the contrary, there was a disposition to drowsiness. The greatest distress was from the exhaustion and the pain in the head. The intellect was unimpaired; the eyesight and pupils were unaffected; no involuntary discharges.

Mrs. H. kept her bed on the 10th, but got up on the 11th, feeling well, but with tingling in the extremities and weak as from a severe illness.

LIGATURE OF THE VERTEBRAL ARTERIES FOR THE CURE OF EPILEPSY. Dr. William Alexander reports most marked benefit in epileptic patients from ligaturing the vertebral arteries, either consecutively or simultaneously. The results are no less obvious upon the physical phenomena, for the violent mania, "howling" idiocy, or intense egotism, accompanying the fits, is also modified. From an experience of about a score of cases, he concludes that the operation has a decided effect both upon the mental condition and upon the number of convulsions, and says, "I can strongly recommend the operation where other means have failed and where the fits are so numerous as to interfere with the patient's usefulness or his mental powers. I have tried it now in hereditary cases, in epilepsy following scarlet fever, blows, fright, and in cases where no cause could be ascertained. In all the

effect was beneficial, and most curative, as far as time has allowed us to judge."—*Med. Times and Gaz.*

CASE OF BELLADONNA-POISONING, NOTED BY CHARLES A. SEWALL, M. D., ASSISTANT-SURGEON U. S. ARMY. It is needless to remind any one of the extreme caution necessary in dealing with poisonous drugs, as the following case will show.

In the hospital under my charge, a solution of atropia (four grains to the ounce) was prepared for instillation into the eye. When the solution was made, the water being a little cloudy, about a drachm, representing one-half a grain of atropia, was left in the bottom of a graduated measure. One of the attendants, an intelligent man, needing a glass of water, picked up the measure, and, filling it up, drank it off. I saw the patient fifteen minutes afterwards, at twelve o'clock mid-day. He was lying down, being unable to stand. The face was flushed, and there was intense vertigo; but he was able to talk, and said indistinctly that he knew he must have taken atropia by mistake, even mentioning how much he thought he had taken. The pulse was 140; respiration correspondingly increased. The countenance wore a peculiarly anxious expression, which I think one might recognize again in a like condition, suggesting the idea that it might be a distinctive expression. Although photophobia was marked, the eyes were wide open, and he shaded them with his hand. The pupils were largely dilated. There was a sense of formication all over the body and tingling in the ends of the fingers and toes; the tongue was moist to the sight and touch, but the man said it felt as "dry as a chip," and the throat seemed almost as if its

sides were stuck together. Hallucinations of sight and hearing were present, but, as I have noticed before in a similar case of narcotic poisoning, the patient was unable to remember anything he had seen or heard except for a short time.

THYMOL SOLUTION FOR EMBALMING.

Thymol, 5 parts:

Alcohol, 5 parts;

Glycerin, water, aa 1620 parts.

VIRODTZEFF.*

For embalming either by injection or by macerating, but latter should not be too prolonged. If the cadaver be well nourished or fat, the amount of glycerin is to be diminished one-third and the water proportionately increased.

OPERATION FOR VAGINISMUS.—Dr.

Hal. C. Wyman reports in the *Detroit Lancet* an operation made for the cure of vaginismus. The operation consisted in the division of the constrictor vaginæ muscles. The left finger was introduced within the rectum, pushing the posterior vaginal wall through the vulval orifice. An incision was then made with a sharp bistoury in the median line of exposed vaginal wall, and carried down to the rectal wall. A pair of scissors curved on the flat was then inserted in the incision, and the constrictors divided above to the os uteri, and below well down the mucous membrane of the perineum. The dissection was not so difficult as anticipated, and was done without injury to the vaginal mucous membrane or rectal wall. The after-treatment consisted in daily introducing a small vaginal speculum, separating the blades two inches, fix-

*Balsamirovanie, vol. xi. 164, St. Petersburg: 1881.

ing with the screw, and then forcibly withdrawing from the vagina. Six weeks after the operation the patient seemed perfectly restored. Previous to the operation, and for the seventeen years of married life, the patient had suffered nearly every variety of hysteria, and the husband states that the marital act had never been performed, every attempt being thwarted by spasm of the vulvo-vaginal muscles, the moment contact of the genitals occurred. The hyperæsthesia of vulva and vagina was of such unusual degree that the finger was resisted by the external genitals, and anæsthesia was required to make vaginal examination.

Dr. W. says he made the operation, believing the hyperæsthesia of vulva and vagina bore a causal relation to the hysterical or constitutional symptoms manifested by the patient.

NEWS AND ITEMS.

Dr. Marcy of Drs. Marcy & White, 353 Fifth avenue, sailed on the Labrador, on the 17th inst., for a four months stay abroad.

Dr. B. F. Underwood, Brooklyn, N. Y., has removed his office to 86 Putnam avenue, between Clarkson avenue and Osmond place. Office hours, 9 A. M. to 12 M.

Another homœopathic journal, the *Zeitschrift des Berliner Vereins Homœopatischer Aerzte*, has recently appeared in Berlin. Its editors are Drs. Windelband and Sulzer.

The *Journal of Mental Science*, London, says that "criminal responsibility is the psychological possibility of the efficaciousness of the penal code." It is a good definition if one has time to spare over it.

Dr. Anna D. French, of New York, has been appointed by the Equitable Life Insurance Company one of its medical examiners. This is the first instance of the appointment of a woman to this position.—*Brooklyn Eagle*.

The wife of John Matthews, Mrs. Blaine, Mrs. Windom, Mrs. Charles Nordhoff and the daughter of Chief Justice Waite constitute an auxiliary Board of Managers of the National Homœopathic Hospital, which is soon to be established in Washington.

The just published report of an Irish benevolent society contains one paragraph rich in caustic humor. It says: "Notwithstanding the large amount paid for medicine and medical attendance, very few deaths occurred during the year.

A HOMŒOPATHIC PHYSICIAN WANTED.—At Meriden, Miss.; for particulars, address T. H. Dickson, Esq. Favorable openings in other towns of the State, also in many parts of Texas and Alabama. Homœopathy is rapidly gaining ground all along the line.
BOERICKE & TAFEL.

One of the most readable works recently put into print, is "Hubbard's Newspaper and Bank Directory of the World." It includes a sketch, thorough and accurate of all papers published, covers the journalism of the entire world, and is to the other directories what the baby elephant is to a litter of mice.

The *North American Review* for May, contains Carl Schurz, on "Party Schisms and Future Problems", "Days with Longfellow," by Samuel Ward. Elizabeth Stuart Phelps, in an article entitled "What does Revelation Reveal?" Lieutenant-Commander Goringe writes of "The Navy", W. H. Mallock, the first of a series of "Conversations with a Solitary", and Gale Hamilton contributes a paper, "The Spent Bullet".

As a nutritive tonic I use maltine exclusively in the place of cod liver oil, and alone or in emulsion with the latter, I deem it a most important and useful therapeutic agent in pulmonary affections, and, as I have said before, in neuralgia, epileptiform complications, many varieties of paralysis, chronic and numerous other neurotic affections, I have found it a most important adjunct when combined with the remedies usually administered in such cases.—*Dr. Bell.*

The *Popular Science Monthly* for May, includes R. W. Lovett on "The Development of the Senses"; "Measurements of Men," by Francis Galton, is a first-class article of much interest and great instructiveness. The application of quantitative science to the study of human nature is a great step of progress, and Galton is doing much to promote it. Dr. Rutherford speculates on the causes of the "Diffusion of Odors," and offers a new theory of the subject; and Dr. Swan M. Burnett discusses the somewhat overdone subject of "Color Blindness." Dr. Bachelor gives information on "The Tree that bears Quinine."

Faradization is the principal current used by Dr. Tipton as described by him in his new and enlarged edition of "Clark's New System of Electrical Medication," and Kidder's ten-current tip-battery is the machine recommended.—*The Weekly Medical Counselor.*

The numbers of Littell's *Living Age* for April 29th and May 6th contain Moham-medanism and the Ottoman Turks, Elizabeth Stuart, Queen of Bohemia, a New Theory of the Sun, Queen Elizabeth at Hatfield, Memorials of James and John Stuart Mill, the State Trials, Talk and Talkers, Out of the Beaten Track in Madagascar, Economic Geology of India, Precious Coral, the Future of English Humor, &c., &c., with instalments of "Robin," "Lady Jane" and "Ben-tock," and the usual amount of poetry.

For fifty-two numbers of sixty-four large pages each (or more than 3,300 pages a year), the subscription price (\$8) is low; while for \$10.50 the publishers offer to send any one of the American \$4 monthlies or weeklies with *The Living Age* for a year, both post-paid. Littell & Co., Boston, are the publishers.

NEWSPAPER LAWS.—We publish by request the following synopsis of the newspaper laws:

1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reasons for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.
2. Any person who takes a paper from the post office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the pay.
3. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, *whether it be taken from the office or not.* There can be no legal discontinuance until the payment is made.
4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it *if he takes it out of the post-office.* The law proceeds upon the ground that a man must pay for what he uses.
5. The courts have decided that refusing to take a newspaper and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

THE AMERICAN HOMOEOPATH.

NEW YORK, JULY, 1882.

A FEW VERIFIED THROAT SYMPTOMS.

BY

C. P. HART, M. D.,
Wyoming, Ohio.

Aconite. — High fever, chilliness, flushed face, difficulty of breathing, deep redness of the affected parts, violent thirst, pricking and choking in the throat, pain and difficulty in swallowing, all of catarrhal origin.

Apis mel. — Rawness in the throat, worse in the morning; dryness and sense of heat in the throat, with redness; stinging, burning dryness in the throat, with swelling; erysipelatous appearance of the fauces, with burning heat and dryness; common catarrhal sore throat.

Argentum nit. — Burning dryness and roughness in the throat, rendering it almost impossible to swallow; paroxysms of strangulation, with sensations of a foreign body in the throat.

Baptisia tinct. — Rawness and soreness in the throat, with burning and scraping; more or less swelling of the affected parts, with sense of constriction, causing a constant disposition to swallow; pain at the root of the tongue when swallowing; large accumulation of viscid mucus; ptialism; ulcers; suppuration.

Belladonna. — Dryness and burning in the throat, with violent thirst; constant desire to swallow, with feeling of constriction in the throat, and great difficulty in deglutition; drinks often regurgitate through the nostrils; rapidly spreading ulcers; redness of the affected parts, with or without swelling; redness and swelling of the face, with high fever; violent headache; suppuration; pains extending to the ears; redness and swelling of all the soft parts, with sense of impending suffocation.

Capsicum. — High fever with thirst, or chill followed by heat, with pain and constriction in the throat; tickling in the throat, with sneezing; hoarseness; dry, hacking cough; frequent hawking up of mucus. Very useful in epidemic sore throat, especially when there is a tendency to gangrene.

Chamomilla. — Sore throat of children, especially when accompanied by swelling, hoarseness, painful deglutition, irritation of the larynx, which provokes cough; flushed face, great restlessness, inability to lie down, sense of constriction in the throat, or of fullness, as though there was a plug to be dislodged.

Cimicifuga. — Redness and inflammatory swelling of the throat, with dryness, and a constant disposition to swallow; sensation of rawness and soreness in the throat, with difficult deglutition; hoarseness, roughness and scraping of the throat, with thirst; irritation and tickling of the larynx, provoking cough; sneezing; accumulations of tenacious mucus, with offensive breath. This remedy is often advantageously alternated with *Nux vom.*, especially if there is much swelling of the tonsils, difficulty of swallowing, and cough.

Hepar. — Dryness and roughness of the throat, with swelling, feeling as though there was a lump requiring to be swallowed; smarting and scraping sensation in the fauces; difficult deglutition; stitches when swallowing, sometimes extending to the ears; sharp pains in the throat when coughing or turning the head. Especially indicated after the ineffectual use of *Bell*.

Hydrastis. — Tingling and smarting in the throat, with rawness and pain on swallowing; constant hawking of tenacious mucus; bad taste in the mouth; flushed face; inability to speak or swallow; ulcers in the mouth and throat; ptialism.

Mercurius and Lachesis.

Ignatia.—Sensation of a lump in the throat when *not* swallowing; redness and inflammatory swelling of the affected parts; painful and difficult deglutition; stitches in the throat, extending to the ears; swollen, indurated, and ulcerated tonsils.

Lachesis.—Dryness, with burning and feeling of excoriation in the throat; great dyspnœa; swelling of the tonsils, causing a constant disposition to swallow; sensation of a lump in the throat; frequent hawking up of mucus; difficult deglutition; regurgitation of fluids through the nostrils; sense of impending suffocation. *Aggravation* after sleeping and in the morning. Especially indicated after *Bell.* and *Mercurius*.

Mercurius.—Dryness, swelling and burning of the affected parts, with shooting pains, and constant desire to swallow; violent thirst; slow spreading ulcers; sensation of something sticking in the throat; pain extending to the ears; great difficulty of swallowing, especially of fluids, which escape through the nostrils; sense of impending suffocation; perspiration of the head and face affording no relief.

SOME THOUGHTS ABOUT SLEEP.

BY

T. C. HUNTER, M. D.

Wabash, Ind.

The physiology of sleep is not as well known as that of many other functions of the human body. It has been stated quite confidently that temporary anæmia of the brain is the cause of sleep. There are many plausible reasons for the theory, but

I do not think they are conclusive. There may be, and no doubt is, less blood in the brain when asleep, than when awake, but that does not prove it to be the cause.

Those who advocate the theory, say that the way to produce sleep is to call the blood away temporarily from the brain to some other organ, and sleep will be the result. Therefore they say, with a show of logic, that it is a good plan to eat a hearty meal just before retiring, so that the flow of blood to the stomach, required for the purpose of digestion, shall in a measure deplete the brain, and thereby cause sleep. It is true that persons in robust health, who live an active outdoor life, can do this with apparent impunity, at the same time it is well known, that those who lead a sedentary life cannot do so, without sooner or later doing great damage to the digestive organs. Does not digestion, as well as every other function of animal life, require brain power to enable it to do the work properly, and is the brain when depleted of blood in a good condition to furnish that power? This is a question worthy of consideration.

Again exertion of the thinking faculties is said to cause a flow of blood to the brain. Why is it then that reading is so apt to make one drowsy? No matter how entertaining the book, if surrounding circumstances are favorable, drowsiness is very apt to come while reading. I have seen the snows of sixty winters, and of course do not require as much sleep as formerly. In the long winter nights I frequently awake at about 2 or 3 o'clock in the morning, and can sleep no more that night if I remain in bed, but will become restless and tired, and get up in the morning unrefreshed. If I get up soon after waking and spend an hour or two in reading some favorite book, I again

become drowsy, and can lie down again and get some hours of restful sleep. I can sometimes take a short nap during the day if engaged in reading.

If thought causes a flow of blood to the brain, and depletion of the brain causes sleep, there is evidently a screw loose somewhere in our physiology. Through all the operations of nature, *periodicity* is the rule. If there are any exceptions I do not now recall them. Does not sleeping and waking come under the great law of periodicity, in healthy forms at least. If we do violence to the law, we sooner or later pay the penalty, as disease and suffering are pretty apt to follow any continued violation of this law. It is supposed by some that some unknown and unknowable muscular changes are the cause of sleep, while others suppose that the exhaustion of the intermolecular oxygen stored up in the brain during previous sleep is the cause.

These theories are very plausible, and will answer very well for theories until demonstrated to be either true or false.

The great lawgiver has decreed that the healthy man or animal shall sleep and wake at certain intervals, and that is a sufficient reason, until a better one be found.

A COMPLICATED CASE, WITH DROPSY.

BY

DR. JOHN MOORE.

Liverpool, Eng.

Joseph S., sixty-one, of sanguineo-lymphatic temperament, fair complexion, 5 feet 6 inches in height,

stout build, and short neck. Has been subject to gout for four years—viz., he had his first attack at that time. His occupation is an indoor one, being keeper of a large place of worship. His habits very regular and temperate, the great defect in his manner of life being absence of open-air exercise, the loss of which most surely lays the foundation of gout in persons predisposed thereto—progressive muscular exercise in the open air is an absolute necessity in the gouty if health is to be preserved. Smart walking or rapid riding, as in hunting, is a *sine qua non*—not the mere “dawdling,” as the Scotch call it, which might be rendered in English as “strolling”—not such exercise, but exercise in earnest, up to the perspiration point, is daily required. This by the way. The patient above named was seized with gout on the 29th December, 1880. It began in his right foot and continued there for some days, then suddenly shot into the left foot, where it continued for several days, also with great violence, and seemed to defy the medicines hitherto prescribed for former attacks. These were *Colchicum tinct.*, *Puls. tinct.* and *Podophyllin* occasionally. At the same time—viz., co-existent with the gout, bronchial congestion with asthma was present, necessitating *Bryonia*, alternated with one of the gouty medicines. So far all appeared to be easily met and managed, but on examining the feet, effusion into the cellular tissue was found, which extended round the ankles and crept up the legs to the knees. Here was a serious complication—gout, anasarca, bronchial asthma, with evident hepatic congestion likewise. What was to be done? Happily my sensible patient had former experience of homœopathic treatment and would not even have the advice of an allopathic doctor when I offered him the

privilege of doing so. Considering the hepatic origin of the anasarca, I prescribed *Apocynum* tinct., but failed in getting any speedy result therefrom. The pulse condition, slow and intermittent, led me to *Digitalis*. I accordingly prescribed it, though the urine did *not* indicate it. I regard albuminous urine as one of the very best indications for *Digitalis*. Here there was only the usual gouty urine. I therefore alternated the *Digitalis* with *Colchicum*, and soon found improvement in the diminution of the dropsy, increase in the urine, etc. Continued these steadily until a fresh complication arose. In the second week of February, whether from the change of weather to east wind or otherwise I know not, the patient was seized with shiverings and violent pain in the region of the heart, the area of dulness of that region increased, inability to lie down, and great distress in breathing. Pulse rose to above 100. Diagnosed the attack as pericarditis with effusion, the sounds of the heart muffled, and the lungs so engorged that no definite rales could be registered except loud mucous ones. I notified the wife and friends to be prepared for the worst, such was the alarming character of the attack, coming on the heels of what had preceded it, and with so much already expended energy.

However, remembering what is said by the poet, "Who does the best that circumstance allows," etc., I struck out, *not* very hopefully I admit, the course to be followed. Applied hot poultices, gave *Acon. A.* and *Tart. Stib.* every hour, and had the satisfaction in two or three days of seeing the heart pain removed and the lungs relieved very much; still it was nearly a fortnight before he could lie down flat in bed. Now the cough and difficult expectoration were the most prominent symptoms. *Phosphorus*

was given, but without much effect. Besides the cough and the troublesome expectoration, a very marked symptom was the *blood-red urine* which was present; this led me to think amongst the gouty medicines of *Benzoic Acid*, and amongst the bronchitic and asthmatic medicines of *Kali Bichrom.* I soon found improvement in all the symptoms, and persevered steadily with one or both of these medicines. The chest symptoms yielded to the *Kali Bichrom.*, the gouty relics and kidney secretions benefited by the *Acid. Benzoic*, albeit the *K. Bich.* plays its part in the latter symptoms also. To these two medicines I attribute the cure. For the liver sluggishness I gave a few doses of *Sanguinaria* at the close. In April the patient was able for his duties, the case lasting over three months.

Reflections on the Case.—I think it will be admitted even by the *regulars* that this was a very serious case for any treatment, and, with the exception of age, was a worse case to treat than the Beaconsfield case, the addition of the pericarditic attack making the hazard doubly hazardous, yet, by dint of adaptation of the medicines to the symptoms, parts affected, organs involved, and the speedy subdual of the acute affections as they *arose*, most satisfactory results were obtained.

The underlying gout was never forgotten; hence, in my choice of medicines, I sailed on that tack, and to that I attribute in measure the success. I have said nothing respecting the diet. That was chiefly farinaceous and milk, giving fish when able to take it, but *no* animal food whatever. As regards stimulants, I gave him a tablespoonful of whisky *three times* a day during the *dropical period*, omitting it of course when pericarditis set in.

The rationale of the whole case

may be thus summarized. The patient was seized with acute gout, complicated with bronchial asthma and hepatic congestion. These were followed by anasarca of both legs.

This anasarca, as was afterwards discovered, was cardiac in its origin, and not hepatic simply, hence the Apocynum did no good, but the Digitalis rendered signal service, in one-drachm doses of the infusion given every four or six hours. The attack of pericarditis with effusion revealed the crippled condition of the heart, probably from previous attacks of gout. I believe the "crippling" consisted in concentric hypertrophy, as manifested by the indistinct sounds of the heart, and that the indistinctness did not arise entirely or mainly from the pericarditic effusion. There was no evidence of valvular disease.

Query—Do gout and rheumatism act differently on the heart in this respect? While rheumatism produces the too well-known valvular disease, does gout not affect the walls? Perhaps some of your contributors will answer this question.

As soon as the pericarditis was removed, the remaining symptoms were happily met by Benzoic Acid and Kali Bichromicum, both bronchitic and gouty medicines corresponding to the then existing state of things. It may be well to state that the urine, though blood-red, as described above, was never found to be albuminous in any stage of the attack.—*Hom. World.*

CASES OF SKIN DISEASE TREATED IN THE LONDON HOMŒOPATHIC HOSPITAL.

BY

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London.

Physician in Charge of the Skin Department.

CASE I.—*Acute eczema assuming the*

impetiginoid form.—Wm. E.—, æt. 46, chapel-keeper, admitted April 27th, stating that a week ago a copious rash broke out upon his arms. Had never had such an attack before. On admission both arm and hands, and the ears and face, were covered with a fine papular and vesicular rash, seated on a somewhat inflamed base, and discharging copiously. Rhus. Tox. 1x, gtt. j. every four hours, the parts to be dressed with oiled rags and washed twice daily in bran-water. A full diet was allowed. For a week the case continued to improve, all the patches becoming dried and not so inflamed.

May 6th.—Hands and face still better, but the rash has broken out over both legs. Temperature last night was 101.4°, and is 99° this morning. To have Sulphur 3, a pillule three times a day.

7th.—Temperature last night 101.2°, this morning 99°. The rash on the legs has become distinctly pustular. Face continued to improve. One arm was therefore dressed with starch and zinc powder, the other being meanwhile dressed with oiled rags as before. For six days the evening temperature continued above 100°. The arms continued to discharge freely.

On May 13th the arm dressed with oil was manifestly much better than the other; the use of starch and zinc powder was therefore discontinued; Ant. Tart. 3x, gr. j. t. d., was substituted for the sulphur.

17th.—Temperature normal night and morning. Rash still fading but slowly. Arsen. 3x, gtt. j. t. d. From this date the rash continued to fade slowly, and on the 29th the patient was discharged "nearly well."

CASE 2.—*Eczema impetiginodes (chronic form).*—Rose P.—æt. five, admitted November 8th. The hairy scalp is covered with a closely-set

pustular rash, through which straggling hairs appeared here and there. The rash appeared when she was eleven months old, and has never disappeared since. The child has also an unhealthy ulcer on the left cheek, about the size of a sixpence. For the first fortnight the child received Ant. Tart. 3x, gr. j. t. d., bread-and-water poultices dusted over with the same being applied to the scalp; the hair having been cut short, a generous diet being given at the same time. After leaving off the treatment the scalp speedily became covered with dense waxy scabs of the color of honey, the ulcer on the cheek having also scabbed over.

November 22.—*Sulph.* 3x, gr. j. t. d., and the following ointment to be applied to the scalp after clearing away the scabs with a plain bread poultice. R. *Ung. Sulph.* 3 ss, *Ung. Petrol.* ad 3 j. M. ft. ung.

This treatment was continued uninterruptedly until the 12th January, 1881, when the patient was discharged much improved. The child continued the same medicine as an out-patient until April 7th, when she was considered cured. She has since (August 4th to 31st) been under treatment for severe cold, but there had been no return of the rash, and at her last visit she had a fine crop of hair, one inch and a half long.

CASE III.—*Eczema and pityriasis followed by acute pulmonary tuberculosis; death*—Jane M—, æt. thirteen, was sent to the hospital from an orphanage on September 1st, suffering from a rash which made its appearance about a month previously, a few days after being vaccinated. The case is interesting as bearing somewhat upon the question of the suppression of rashes in general.

When admitted, the whole of the body was found to be more or less thickly covered with an eczematous

eruption, assuming here and there an impetiginoid character, and for which she was ordered *Sulph.* 3, grt. j. t. d., and inunctions of *Vaseline* to allay the very considerable irritation. The chest was not examined for some days after admission, during which time the skin made rapid progress, the vesicular rash having given place to a dry branny condition. The skin was noticed to be very hot and pungent, and the temperature night and morning, six days after admission, was 101.2° and 98.4° respectively. Has a troublesome cough, with scanty mucopurulent expectoration. On examining the chest both lungs were found duller on percussion than normal; over the left apex were the usual indications of a small cavity. The nurse says she has never perspired since admission. Left cheek persistently flushed. Medicine changed to *Acon.* and *Phos.*, and was ordered a wet-sheet pack in the evening. From this date until the end of the month the condition of the skin steadily improved, and at the beginning of October it was normal, except in the matter of perspiration, which only takes place when she is in the pack. The lung mischief, on the other hand made rapid progress in spite of the usual remedies, and the patient died on the 21st of October.

The autopsy showed both lungs of the consistency of very hard sponge, and studded in every part with grey miliary tubercles. In the left lung was one large cavity of the size of a walnut, with several smaller ones. The abdominal viscera were free from any appearance of tuberculous deposit.

CASE IV.—*Purpura urticans*.—Mary M., æt. sixty-one, no occupation admitted an out-patient on January 2nd, 1881, suffering with a rash which had existed some months. Had soft chancre, followed by bubo, when a young woman. The rash presents the

following characteristics :—The flexor aspect of the forearm and the inner side of the thighs are thickly covered with a discrete rash of a livid color, the spots being elevated above the level of the surrounding skin. The rash, in fact, bore a perfect resemblance to nettlerash in every respect but that of color, and mingled with it were numerous spots of dried blood, evidently the results of violent scratching. The patient says the rash is worse in the evening, the itching being so troublesome as to effectually prevent her getting any continuous sleep.

I prescribed *Quin.* 3x, gr. j. t. d., and directed her to leave off beer, which she is in the habit of drinking, and to bathe the skin at night with warm vinegar and water. Under this treatment, continued steadily for six months, the rash slowly diminished in extent, each spot as it faded leaving behind an ecchymosis, which only disappeared after going through the usual phases, and even now brown pigment stains are left on the site of some, resembling the stains left after prurigosenilis.—*Ibid.*

INFANTILE SYPHILIS.

BY

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Etiology.—Infantile syphilis comprises two classes, namely, congenital and acquired; the former arising from hereditary impressions by one or both parents, the latter from contact with the genital parts of the mother at birth, or later from contact of the lips from kissing, from the nipples in the act of suckling, from the poisoned milk of the nursing woman, or from impure vaccine matter.

If the calamity result from the infection of both parents, the fœtus perishes between the fourth and eighth month of intra-uterine life. If directly from the father alone (which is the more frequent of the two), the offspring may exhibit no symptoms of birth, owing to the healthy blood of the mother as the direct nourishment during gestation, but evidences of contamination may appear about the second or third month, and almost invariably within one year. If direct from the mother alone, the infant is rarely born unscathed, or if such be the case, it generally becomes apparent toward the close of the first month of independent being.

Symptoms.—The effects of this poison upon the growth of the fœtus and the health of the infant are many and varied. According to Trousseau it is a chief cause of habitual abortion in syphilitic mothers, particularly when occurring about the sixth month, and almost positively indicating involvement of the placenta, thus strongly tending to such result.

The body of the fœtus usually presents a macerated appearance, portions of the cuticle being detached or papulated and containing a puriform liquid; the amniotic secretion is also abnormal, being greenish and offensive.

The evidences of syphilitic taint in the new born are likewise multiform, and embracing: 1st. A shriveled form and saddened visage, with a weak and stifled cry. 2d. A peculiar, dull, sooty hue of the skin, most apparent on the forehead and face, and considered by M. Diday *unmistakable* evidences of syphilis. 3d. An eruption, of marked copper color, upon the extremities, sometimes consisting of blebs, (onyxcis,) as described by *Bonchut*, with inflamed borders—which degenerate into ulcerations and are denominated *pemphigus neonato-*

rum, most commonly seen upon the fingers and toes; this eruption sets in by a violent hue of the part beneath which a turbid, watery fluid collects; if present at birth, it has been considered precursory of death; it is, however, to be differentiated from non-specific pemphigus, which mainly attacks the neck and body. 4th. Obstinate ozæna, with excoriating discharge, thickening of the nasal membrane and snuffling respiration, which more or less interferes with nursing. 5th. Condylomatous of sycotic growths, chiefly around the genitals or anus. 6th. Mucous patches, the location of which is at the outlet of the mucous canals, or upon the arches of the fauces; they present an appearance as if the skin had been softened by water. 7th. Roseola, or rose tinted irregular eruptions, selecting by preference the neck and the belly, or the inner surface of the extremities. 8th. Periostitis, especially of the clavicle, ribs and long bones, with circumscribed enlargement, mostly of the beginning of the union epiphysis and diaphysis; softening at the epiphysis is not unfrequent; these conditions are usually developed during the first weeks of infantile life. 9th. Acne or *Impetigo*, according to Diday, and *Germinata* according to Sebert, are occasionally noted in this form of syphilis; the former are diagnosed from the simple variety by their copper colored areolæ. 10th. Infiltration of the liver and hypertrophy of the spleen are more remote and less frequent complications. Sir James Simpson considered foetal peritonitis a cause of death.

Finally, Mr. Hutchinson, of London, has demonstrated an important condition in many latent cases, observed about the fourth year of life, namely, a dwarfing of the central incisors or teeth, particularly of the upper jaw, with a notched up chipping of

their free borders; and this is perhaps more general than might at first be conceded.

Prognosis.—This is of necessity conditional and mainly dependent upon the constitutional state, the younger the infant and the deeper the dyscrasia, the less hopeful the diagnosis will be.

NOTES BY THE WAY.

BY

DR. USSHER,
London, Eng.

RHAGADES.—In one of my cases, relieved by *Petroleum* 2x, there is an interesting sequel worth recording. The gentleman was taking *Bell.* for an inflamed swelling on the face, and he writes, "The red spot has nearly disappeared, but unfortunately the cuts (four in number) on my fingers have reopened the sixteenth of an inch, and very painful." Such was the story December 26th, not caused by plum-pudding, Dr. Dake! I then prescribed *Petrol.* 12, using some old fashioned globules at *least twenty-five* years old, and I had this report January 14th:—"You will be pleased to hear my fingers have gradually healed right up, and they are going on nicely." To my mind this is a very apt illustration of psora, or the hydra-headed invisible something, or whatever you may call it. He had first an abscess caused by allopathic misuse of *Kali Hyd.*; when that was cured by *Hep. Sulph.*, then rhagades opened; and, when they are healed, he gets an inflamed patch on the face. That set right, he is again visited by the old distress, which anew yields to the same remedy. While on the subject of fissures, I will note

a very painful one on the tongue, coming apparently without cause in a very unhealthy woman. It showed during her pregnancy, and the extreme pain of eating caused her so much distress that she looked haggard for want of food and rest. The sore had a white bottom to it, and refused to be healed, notwithstanding the kindly service rendered to her other wellbeing by *Sod.-Chlor. Bell.* also helped her rest. In the course of reading, and guided by the local action, it seemed to me that *Mur. Acid* was her remedy. She was *fainting, weak, slipping down in chair* (see proving settling down in bed), *sleepy after meals, and mind depressed.* Her improvement under the 3rd dec. was rapid, and with the cessation of pain she got sleep and more nourishment. Her confinement progressed favorably, contrary to all anticipation. I now have a case of fissured tongue and lower lip all but well from the persistent use of *Nit. Acid* 3x; and yet, finishing so well, I have foolishly given her the 200th. She brought me a bundle of prescriptions from some house of learning (not the sage's) at Chelsea. From these documents I saw they had largely given her mercury; and for some years back two of the allopathic breed in canny Scotland favored her by similar kindness. I think they were "suspicious" about the *puir* body, and needlessly so. She had ulcers on her tongue, with deep cracks, always worse in damp weather, and there were snail-tracks in plenty; but I have seen them in "unco' guid" people, although taught by those who professed to know better that they were clear indications of very erratic conduct indeed. Perhaps so, and perhaps not; at any rate, *Nit. Ac.* has made beautiful amends for the ill deeds and suspicions of the faculty. I don't know her husband, but she

speaks of him as a "verra respectable mon," as no doubt he is—she was full up of mercury.

PANNUS.—What is that? Let us define. A poor body, with awful-looking eyes, very little use to her; tears are plentiful and unwilling; her eyelids raw, red-cloth color, and her once bright cornea red too, as if it rubbed off some of the color from the eyelids. She had rather not look at you, and when her eye is presented to your gaze it seems as if some one had been rudely carving her bright eye. She was much worse since she went to Moorsfields years back, when they operated on her, which piece of ingenuity I found was the adroit use of sulphate of copper. She had entropium and has now, but I did not despair of bettering her. I could see a pupil in one eye, and with a strong suspicion she had one in the other; but old physic had done its worst before new physic was invited to help. It took me nearly a twelvemonth before I got improvement. Well, she kept to her text; she was always worse out of doors; always worse after the use of water, hot or cold; and for the east wind or north-east she had a perfect horror. She used to live in damp soil, get rheumatism and ague. She got sulphur among other good things, and I observed she was at times very snappish. Perhaps you would not expect *Chamomilla* to do a cornea good as well as a temper, but it did; and soon her pupils became defined, and the dread of weather less.

Calcarea Carb. made her perspire profusely. At last in despair I made the most of her symptoms, and went to Allen and Lippe. In the former I found what I wanted, and at once made a note of it. She is now better in health, and her eyesight becoming a blessing to her, from the steady use of *Thuja* 2x and *Lycopod.*

12. She takes the former in the morning, and the latter in the after part of the day, which, as Shakespeare says, "the rude multitude call afternoon." *Burning of eyes after washing—Thuja. Worse after walk in cold air—Lycopodium.* I could not make one medicine fit, so with two I filled up the hole. Now, she had *both* these medicines before, and the result was poor, but the alternation has been a success.—*Ibid.*

VACCINATION AND VARIOLA.

BY

G. W. BOWEN, M. D.

Fort Wayne, Ind.

Permit me to make a few notes for your pages in regard to variola, that infectious ferment, now so prevalent, and some of the results and *non*-results of vaccination. This city has received a visit from the dreaded "small-pox," and I have not only been a "looker-on," but an interested participant to the extent of treating four cases, and prescribing for several hundred to prevent their systems from being invaded by the much dreaded infection. I have also taken considerable pains to gather some facts that may seem surprising to some of the unsophisticated members of the profession.

Last Spring soon after the advent of the disease into this place (from Chicago,) vaccination was in order. Soon complaints were made of the "terrible" sores produced by it, and some children died from what appeared to be pyæmic poison. Still the work went on for the doctors generally could see money in it. I found that the "marks" (if the arm ever

healed up) were radically different from a genuine vaccination mark. I did not vaccinate any more, but advised my patrons that it was not safe or prudent to submit to it, but in its stead, sought to purify their blood so they could not become infected. Many have cause to be grateful for my interest in their welfare, for already five have died from the effects of vaccination, and ten have died from the small-pox or the varioloid after being amply guarded and protected by vaccination, since last Spring.

I am *positive* that the virtue formerly existing in vaccine or bovine virus has either died out from the lapse of time or was killed by our last hard Winter. It has done no more good than so much dead animal matter. Taking my field of observation as a sample of its effects. Where it has affected the system it has been marked by really serious effects, and great efforts have been exerted to save life or limb from its ravages. Our last case of kine pox from which our stock of "matter" in use is diginated, was as far back as 1866. No new case has been discovered since. Whether its ability to act was nulified by our last hard Winter or by the lapse of time, it would be imprudent to assert. I have made some experiments in the use of dead animal matter by introducing it into the system by vaccination, and find the same results follow as from bovine matter. The "scar" or cicatrix is the same for neither leaves a pitted mark as we see in olden times, or in former years.

There has been lack of judgment on the part of our boards of health in their orders enforcing vaccination, and too little attention paid by physicians in noting the difference in its results within the last year.

No hope or help can be expected to come to aid us, or mankind, until

fortune favors us with a new case of keine pox.

Until then, I shall not vaccinate, except under protest, but depend on judicious medication for the protection of those whose health I am called upon to guard.

PATHOLOGY OF EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Based upon a study of seventeen cases occurring in Hamburg, and a review of recent literature of cerebro-spinal meningitis.

Dr. Karl Jaffe contributes to the *Deutsches Archiv für Klin. Med.* (January, 1882,) an interesting contribution to the knowledge of this subject. He regards epidemic meningitis as an infectious disease characterized by an altogether specific virus, appearing sporadically as well as epidemically, and extended just as well through miasmatic influences as by contagion. The *origin of the materies morbi* is as yet undiscovered. As regards the season of the year when most prevalent, it is generally believed that most of the cases occur in the winter and spring; but of the cases reported by the author seven were in the spring, eight in the summer, and only two in the winter. As to sex, the usual preponderance of males is noted, thirteen males to four females; and as to the age, more than half the cases occurred between twentieth and thirtieth year. Nothing definite was ascertained with reference to the relations of the residence and mode of life of the patients; at least, no useful conclusions could be drawn from the investigation, and the writer was obliged to fall back upon the nature of the virus itself as the only explanation possible. That such exists can be considered as demonstrated; it also has lately become highly probable

that it is less of a miasm than a *contagion*; but whether this contagion is fixed or volatile, living or not, or entirely parasitic in the modern sense, is a question of the highest interest, but whose solution is probably at present only in its first beginnings. Careful examinations of the blood, and of the exudation into the pia, after the method of Koch and other, were made, but with only a negative result. Unless further observation yields more positive results, the conclusion is warranted that epidemic meningitis is not a parasitic infectious disease. That it has many points of similarity with such diseases the author admits. Indeed, he does not deny that in some forms a true pyæmic character is seen; twice he observed endocarditis, five times joint-affections, and once muscular abscess; he concludes, however, that the literature of the last few years has taught us to be cautious in regard to pathological conclusions based upon analogies. He believes that science will be rendered better service by an open and honest "Ignoramus" than by reflections and speculations that busy themselves in setting in place of anything unknown something just as little proved.

In regard to *symptomatology*, little new is observed. In ten cases prodromata were recorded. Headache was noted in fourteen; vomiting in twelve; delirium in ten; in two the delirium was of such furious character that the cases were mistaken for delirium tremens and were sent as such to the hospital. This diagnostic error can be prevented by paying due attention to the history of a sudden beginning, with complete loss of mind, without tremor. The stiff neck occurred in sixteen cases, hyperæsthesia in eight (of which six were cutaneous and two muscular). Anæsthesia occurred in only one patient, in whom, indeed, cutaneous anæsthesia was as-

sociated with muscular hyperæsthesia. Disturbances affecting the organs of vision were seen in ten cases (conjunctivitis, keratitis, amaurosis, nystagmus, diplopia, and inequality of the pupils). The ear was affected in one case (otitis media purulenta, with perforation). Diseases of the respiratory organs occurred in four cases (two of pneumonia, and one each of bronchitis and gangrene of lung); of the heart there were two, both of ulcerative pericarditis, one of which was complicated by purulent pericarditis. Enlargement of the spleen was noted in three cases, of which one was supposed during life to have been due to previous malarial infection. Transitory albuminuria was found only in one; affections of the joints five times.

As regards the *duration* and results of the disease, the time of illness varied from two days to four months; the issue was either in death or recovery. Permanent sequelæ or incomplete cure were not observed; nor were there any relapses. Of the seventeen cases, seven were cured, ten died,—a mortality of fifty-nine per cent. Epidemics usually vary in severity from twenty to seventy per cent., according to Ziemssen, the average being about forty-five per cent.

The *diagnosis* of sporadic cases presents difficulties, especially in the first few days. The differential diagnosis requires the following to be taken into consideration: idiopathic (traumatic) spinal or cerebro-spinal meningitis, tubercular basilar meningitis, typhoid fever, intermittent, asthenic pneumonia, tetanus, delirium tremens, and acute mania.

From traumatic meningitis the specific form may be distinguished by the history; but it must not be forgotten that it is precisely the wounded that are especially liable to suffer from this

infection; on the other hand (as one of the cases herein reported witnesses), an individual suffering with cerebro-spinal fever may receive accidental injuries to the skull and yet die of the original disease.

From tubercular meningitis the epidemic form cannot often be distinguished; two cases are mentioned which were mistaken for the latter, and it was only after an autopsy that their true nature was detected.

From typhoid fever meningitis may very soon be distinguished by the want of gastric symptoms, the absence of enlarged spleen, and the spinal symptoms, which in typhoid never appear in such intensity.

An intermittent may be soon recognized through the effects of quinia. Severe pneumonias, especially when they appear during an epidemic of meningitis, may be mistaken for the latter; furthermore, the possibility of a combination of pneumonia with meningitis as a complication must be borne in mind. Only the further course of the disease can clear up this point.

The same observation holds good for tetanus, which, moreover, can only very seldom be brought in question.

For delirium tremens the points of distinction have already been stated above.

Finally, as regards the psychoses (acute and transitory mania, epileptic insanity, and acute delirium) occurring during an epidemic, it is only necessary to bear in mind the possibility of their occurrence; careful and sufficient observation will enable us just here to avoid diagnostic errors the soonest.

NEURALGIA CURED BY MEZE-REUM.

This was in a gentleman æt. about

thirty-four. It was a remarkably obstinate case, having been under treatment at intervals from June, 1879, till October, 1880.

June 24, 1879.—The patient complained of toothache in l. lower mo. and bicuspid. The tooth felt large; can scarcely bear a touch. The pain is continuous, but worse at night; there is also a tight frontal headache, constipation and slight coryza. *Mercurius* cc. removed these symptoms.

In October, 1879, the patient had lumbago, which was not relieved by *Rhus*, but cured by *Ruta* 200. It was a dull aching across the renal region, worse when upright, sitting, better reclining, relieved by movement, with tight frontal headache.

April 14, 1880.—Another return of the neuralgia in both jaws, especially right; pain like a sore bruise, going to the vertex; warmth ameliorates, cold aggravates, even cold touch applied to the gums. *Mercurius* mm. relieved the pain, but it returned in three weeks, for on May 7th the report is—Wakes every morning with toothache, and the general description is the same as on April 14. *Nux* 30 took this away for a time.

Again it returned on May 27, with swelling at the root of the tooth in the gums. *Staph.* 3x relieved till August 9, when pain returned to the left side, with same conditions and considerable languor. *Sulphur* 30 was administered with partial relief.

On August 27 general faceache; veins large; cannot bear the weight of his hat; left side of face worse; pain all along the jaws and gums, dull, gnawing; sometimes more severe and boring; worse by cold, doubtfully relieved by heat; wakes him in the night, and makes a new start then. *Puls.* 30 and afterwards cm. This produced severe aggravation, followed by complete relief. Again it returned, September 15, 1880. Co-

loc. cm. kept it at bay for a few days, but it returned again every night on left side, extending from the face to the ear, temple, and neck, shooting, cutting, digging; worse when warm in bed. *Syphilinum* dm. gave great relief, and the patient remained comparatively free from pain till October 20, when the attacks returned. Then I gave three doses of *Mezereum* 3 (no higher attenuation being at hand), at intervals of an hour. Every dose produced a very severe aggravation, but the pain then ceased, and has not returned. I have seen the patient to-day, March 13, 1881, and he continues free from neuralgia. The neuralgia was plainly a constitutional crisis (as it usually is); and as it was treated and ultimately cured by internal remedies, without any other than domestic local applications, he has been in better health since than he had been for some years.—R. M. THEOBALD, M.A., M.R.C.S.

IODOFORM IN GYNÆCOLOGY.—In a paper read before the New York Materia Medica Society, Dr. Foster states his experience in the local use of iodoform as a sorbefacient in chronic extra-uterine exudations. He was convinced that in all cases of this kind, in which he had used it, he had obtained more favorable results than without its use.

He does not, however, deny the great value of hot water when properly used, and places the three great remedies in following order: 1st. Hot water; 2nd. Iodoform; 3rd. Galvanism. He makes his applications to the upper part of the canal, then places a tampon in the vagina. The mechanical action of the tampon is beneficial, and shuts in the odor.

In dysmenorrhœa the drug affords

great relief, but does not control the pain in successive menstruations. He has found it of great use in pruritus vulvæ, hyperæsthesia of vulvo-vaginal orifice, and in inflammation of Bartholin's glands.

In cervical hyperplasia the author places considerable confidence in the drug as a discutient.

In oophoralgia and catarrhal affections it was of little use. The taste of the drug follows almost immediately upon its application to the uterus or vagina.

Dr. Smith alluded to a case of Dr. Barker, in which a lady, after having membranous dysmenorrhœa for seven years, a complete cure followed the use of iodoform. He knew of two other cases, besides four which he saw himself, cured by its use. Ether controlled the odor until it evaporated. Balsam Peru was a better deodorizer than balsam tolu, and he used a mixture of iodoform and balsam Peru with good results in his uterine practice. Dr. Bronson made a paste of it with glycerine and a few drops of essential oil of peppermint or wintergreen and mucilage. As soon, however, as the scent of the oil disappeared, the iodoform odor reappeared.

Dr. Morrow had seen it stated that hydrate of chloral would act as a deodorizer.

Dr. Munde says he uses iodoform in cervical erosions and endotrachelitis with success. He uses tannin, which is synergistic with it, to control its odor.

He thought Dr. Smith's formula of a drachm of iodoform to half a drachm of balsam of Peru, and an ounce of glycerine, was the most inodorous mixture to be obtained.

In vulvar vaginal diseases, chiefly in cases of erosions depending on vaginitis and profuse discharges, and in a case of hyperæsthesia in a carun-

cle of the meatus, he derived especial benefit from the drug.

It was of value, however, in erosions of cervix, chronic endotrachelitis and carcinoma, also in chronic pelvic peritonitis.

Dr. Lusk used it in fissures of anus, applying it to lampwick and drawing it into the fissure. It gave relief in twenty-four hours, and healed the fissure in a few days.

Dr. Bosworth thought the best way to use iodoform was in solution with glycerine. Dr. Webster asked why it was tasted sooner by the patient after uterine than after vaginal application, and whether it appeared in the saliva. In reply Dr. Foster stated that he believed the uterine mucous membrane would absorb iodoform more rapidly than the vaginal, and he thought it did appear in the saliva. Dr. Foster says he has used all methods to repress the odor of the drug, except hydrate of chloral, but nothing could prevent the patient from inhaling it.

Dr. Sexton had given the drug a pretty good trial, using it in suppurative inflammation of the middle ear, but after an unsatisfactory experience, abandoned it, and thought it had no advantage over nitrate of silver or bromine. He noticed that the taste of the drug immediately followed its application; but other strong substances acted likewise, a probe even causing a metallic taste.

Dr. Bronson had used it in two or three cases of ulcerative disease of the tongue, disease of this organ with keratosis, and hypertrophy of the lingual epithelium, with remarkable effect.

In one case of marked thickening and deep fissure, with loss of taste, the drug was used for only a week, with almost a complete cure. It was abandoned on account of its effect on the organs of taste and smell. In

other cases of ulcer its effects were very good.

There are two theories as to its action, first, that it acts like iodoform; second, that it acts like iodine. Some think it is absorbed as iodine of starch. Dr. Bronson thinks it has its peculiar action as iodoform, but also acts as iodine. In fissure of anus he considers it a valuable adjuvant, controlling spasms and diminishing reflex irritability of the urinary organs. His experience in pruritus vulvæ was disappointing, while in orchitis its sorbefacient properties were useful.

In enlargement of the epididymis, when inflammation is not so high as to involve the skin of the scrotum, the effect is excellent. In common phagedena it causes rapid healing, and in soft and hard chancres it gives the best results. Dr. Morrow says he has obtained the best effects from it in fissure of the anus with ulceration.

Dr. Fox agreed with Dr. Bronson in his statement as to its effect upon chancres and phagedena. He makes the statement that there is no lesion of the penis or labium, that will not heal more rapidly under iodoform than when treated by cautery. He believes it of benefit in pruritus vulvæ, but not when used with collodion; for that interposes a layer between it and the skin. Ether, he says, increases the itching, but with vaseline he has obtained good results in these cases, as well as in eczema. In epididymitis his experience was unsatisfactory. In ulcers the ether solution is best, as it carried the iodoform among the granulations. He had had some success in lupus, he first scraped the surface, then applied the powder, covering it with cotton and applying a tight bandage. Dr. Webster states that Dr. Agnew and himself had used it in otitis media with the same negative result as Dr. Sexton. Had also used it in granular lids for which it has been so

highly recommended, but abandoned it on account of the complaints of the clientele who visited the office after its use, and not so much on account of the patient.

Dr. Mundé thought, like Dr. Fox, that collodion would interfere with the action of the drug. Dr. Foster called attention to the action of blistering collodion, and thought it would not interfere with the action of iodoform. In answer to Dr. Sexton's question as to how soon the taste of the drug was appreciable to the patient, after its application to the uterus, Dr. Foster replied that the patient tasted it immediately on leaving the table, and he thought the drug passed through the circulation in the meantime. When applied to the ear, Dr. Sexton thought, iodoform, produced this sensation of taste, through nervous transmission.

Dr. Foster says the patients likened the taste to the sensation produced by a galvanic battery, and he thought the taste was produced by nervous transmission. Dr. Mundé states that patients often have a metallic taste after the use of iodine to the uterus. Dr. Bosworth says he has good results from its use in fissure of anus, chancre, erosions of cervix, but that the drug has no effect in reducing hypertrophy, or in checking catarrhal secretions.

In syphilitic ulcerations of the throat he obtained brilliant results with it, as also in laryngeal ulcers, fissures of the tongue, and keratosis. It relieves pain and fetor in carcinoma, but has no effect on the disease. He cauterizes only mucous patches, treating other ulcers with iodoform.

A case of ulcer of the leg, of thirteen months' standing, was cured in seven days by its use.

Dr. Fox said he had seen a few cases reported, and had had one himself, with symptoms referable to the

toxic effects of iodoform. In one case the symptoms had followed excision of the knee, the wound being dressed with a large quantity of powdered iodoform.

Dr. Piffard said he had abandoned the use of iodoform in chancres. He holds if a recent chancroid be efficiently cauterized, a healing surface would be left on separation of the slough. His experience of collodion preparations used locally, is perfectly satisfactory. Coumarine, derived from the tonka bean, has been recommended as a deodorizer for iodoform.—*Am. Medical Weekly.*

THE CURABILITY OF CANCER OF THE BREAST.—Dr. S. W. Gross, of Philadelphia, recently read a paper before the New York Academy of Medicine on "the influence of operations upon the prolongation of life and permanent recovery in carcinoma of the breast."

Dr. Gross said that the conviction was rapidly gaining ground that carcinoma of the breast is curable. He cited many well-known authorities who now hold this view of the question, among others Virchow, Nussbaum, Volkmann, Gunn, Gross, Parker and Geo. A. Peters.

In view of the fatal progress of carcinoma, it was important to determine the answers to three important questions:

First.—Does the resort to the knife prevent invasion of the tissues adjacent to the glandular structure?

Second.—Does it prevent infection of the associated lymphatic glands?

Third.—Does the knife prevent the formation of metastatic tumors?

In answering these questions Dr. Gross cited a variety of statistics gleaned from the study of many cases which pointed to only one conclusion,

and that was that in a large percentage of cases these questions could be answered affirmatively, and not only could life be prolonged, but permanent recovery effected. Statistics prove that extirpation added one year to the life of the patient.

As to permanent recovery, Volkmann stated that if two years passed after extirpation without recurrence, permanent recovery was probable; if three years passed, it was almost certain.

He stated that from his experience and study of the question he believed that recurrent tumors should be freely extirpated. Glandular implication was not a bar to operation, since the gland enlargement might be due to simple hyperplasia, and not carcinomatous degeneration. Absence of glandular infection did not prove that metastatic deposits had not taken place. In carcinoma of the breast the mamma should be amputated and the skin dissected off the pectoral muscle; the tissues seared with the hot iron; the axillary space opened, and enlarged glands searched for and removed; in fine, the operation should be thoroughly done.

By this means, taking cases as they came for early and late operation, one in fifteen had been cured, and mostly better results might be anticipated when women were brought to believe that carcinoma of the breast is cured by early operation.

As for partial operations, they were worthless, and should be discarded. Death frequently occurred after operation from bad management of the axillary wound. In future he believed that the mortality should not reach ten per cent.

In conclusion he would state that he had arrived at the following conclusions: (1.) Surgical interference tends to retard the progress of the disease. (2.) Local reproduction

of the disease does not militate against recovery. (3.) After three years the patient might be considered safe from general and local reproduction of the disease. (4.) The risk of life involved by the operation for extirpation is more than compensated for by the benefits resulting. (5.) Operation should be done early and thoroughly, after the manner described.

SARCOMA OF THE DURA MATER.

At the February meeting of the Berliner Medizinischen Gesellschaft, Dr. P. Guttman showed a specimen of a spindle-celled sarcoma of the dura mater obtained from a woman fifty-nine years old, who six weeks previously had been suddenly seized with unconsciousness; afterwards on coming to herself, she noticed a weakness of the left arm and leg. In the hospital slight left-sided facial paralysis was also detected. These symptoms suddenly increased, and death supervened. At the autopsy there was found a sarcoma of the dura mater, which projected from the external surface of the dura (from the periosteum) so as to exert a pressure upon the right hemisphere, in the same manner as an apoplectic effusion.—*Deutsche Med. Zeitung.*

OBITUARY.

DR. JOHN FRANKLIN GRAY.

Death of the Eminent Physician in New York.

Dr. John Franklin Gray, died at the Fifth Avenue Hotel at half past five o'clock yesterday afternoon of senile gangrene. He was one of the pioneers of homœopathy in this

city. No practitioner was more widely and favorably known, and none had a larger practice or a more extensive circle of friends. His tall, manly figure, and his long gray beard flowing almost to his waist, have long been familiar to New Yorkers. He was born on Sept. 23, 1804, in Sherburne, N. Y., where his grandfather was one of the first settlers. His father was the Hon. John Gray, for many terms a Judge of the county. Dr. Gray attended the country schools until he was 15 years old when his parents removed to Chautauqua County. He there worked in a clothes dressing factory until he had saved a little money. Then he set out to find an employment that he had long desired, that of an assistant in a doctor's office, where, in return for his work, he would get his board and have opportunities for study. He settled with Dr. Haven of Hamilton, and remained with him two years. Next he taught a district school for a short time and started to walk home, going a distance of 250 miles on foot. He again taught school at Dunkirk, at the same time continuing his medical studies under Dr. Williams.

In 1824 he came to New York and entered the College of Physicians and Surgeons, where he was graduated in March, 1826. He opened an office in Charlton street, and had considerable success. In 1829 he abandoned the old school of medicine and adopted the principles of Hahnemann. His practice fell off, and it was a long struggle before the popular prejudice against homœopathy was overcome. His subsequent success is well known. He married a sister of Dr. A. G. Hull, Jr., who was also one of the first physicians of the new school. For seventeen years he had lived at the Fifth Avenue Hotel and continued his practice. He was quite active until his illness.

THE

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

KOCH'S DISCOVERY AND ITS RELATION TO HOMŒOPATHIC TREATMENT.

The discovery of Dr. Koch, the result of a number of successful experiments to ascertain the nature and propagation of tuberculosis, is attracting the attention of the medical profession in Europe and this country to a very great extent.

Dr. Koch is the government adviser in the imperial health department of the city of Berlin, formerly a modest and retiring practising physician in one of the smaller towns of Germany; he has suddenly by means of his discovery attained a position and a name, which has already gained him fame throughout the medical world, and may make his name a landmark in the history of medicine.

In discussing his discovery almost all medical writers have considered it in its relation to the long mooted question "is consumption contagious?" Though long ago Villemir and his successors have sought to settle that question by experiments with inoculation, and subsequent experimenters such as Schueller, Klebs and others have discovered micrococci in the tubercle, it was only by Koch's experiment that we have obtained a correct knowledge of the character of these parasites (Bacilli) and their relation to the tubercle. The details of Koch's experiments have been so frequently printed and reprinted in medical and lay journals, that we deem it unnecessary to recapitulate them here.

We will only consider the relation which the discovery bears to the prevention and cure of consumption, and consider it from the standpoint of our school.

We have always held that consumption, as well as all other scrofulous and most of the cutaneous diseases, are contagious, and have ascribed this contagion or rather infection to the presence of minute animalculæ the carriers of disease, from one person to another. We were first led to adopt this theory by having frequently found these parasites in the pustules of persons afflicted with the itch, once or twice at the base of warts and always in the stools of cholera patients when they were examined. The infection takes place either by contagion when one free

from the disease touches with any part of the body, the exposed surface or even the garments of a diseased person, for these little animalculæ are often very migratory, or when a well person inhales the breath coming from diseased lungs, which is not unfrequently laden with these minute bacilli, which Dr. Koch speaks of as inhabiting the tubercles of the lungs.

Dr. Koch's discovery, verified by his inoculations, is therefore to us of the utmost value; but only inasmuch as it establishes the theory that consumption is contagious, but beyond this we do not look for any practical results from it.

The mania for preventing diseases by inoculation which has seized the medical world at present will pass away like many similar manias before this, and will be remembered only as a curious phenomenon in the history of medicine. To make a well person sick in a minor degree, in order to prevent his possibly becoming sick in a greater or more dangerous degree, is certainly not indicated by nature's process.

But it is our duty as physicians, who seek to follow the hints given us by nature, to utilize the scientific discoveries of the age and make them our guides, when we endeavor to steel the bodies of our patients against disease, and to cure them when we find them sick.

We shall therefore make no experiments with our patients by inflicting upon them these little pests, the bacilli,

or any other parasite dwellers in other and different scrofulous eruptions.

We are fully satisfied, and Dr. Koch's and other experimenters' experience has justified us in this, that it requires a suitable soil and temperature to enable these little scourges to progagate and foster disease, viz: to live, increase and multiply.

It is therefore in the first instance our duty to be constantly watchful, to see that the manner of living, the surroundings, as well as the marriages of our patients are such, that they will contribute to preserve a sound body. Such a body when living a rational life, will be impervious to these little messengers of disease, or to inoculation with them. No necessity to make human beings sick, in order to keep them well. But when we are called to see a patient, who has already been attacked by these poison generating animalculæ, then will we find in our arsenal enough weapons to destroy them, without doing as they do in the prairies, kindle a fire to extinguish an already raging conflagration.

Healthy food, pure air, together with a selection from such remedies as Phosph., Lachesis, Cundurango, Berberis, Sulphide of Calcium and many others, selected, as the cases may present, and if well chosen and the cases are at all curable will always be attended with success. A number of the above mentioned remedies we have tried and found efficacious in many scrofulous diseases, consumption included; one case in particular

we remember where the tubercles were thoroughly healed and cicatrized, which became evident when an autopsy, had in consequence of death from accidental injuries, revealed the state of the lungs. It becomes us, therefore, closely to study the soil or ground most congenial to the animalculæ and to study the antidotes to their existence. A vast field and well worth cultivating.

BOOK REVIEW.

THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA. Compiled and published by BOERICKE & TAFEL, 1882. 8vo., pp. 534.

We are pleased to receive this eminently practical work, which, coming as it does from hands thoroughly competent to deal with the subject, must take its place at once as a standard authority.

The plan of the work is very simple. The opening chapter is devoted to general directions to be observed in gathering plants and to the methods of preparing our tinctures, triturations, attenuations, etc.

The rest of the book consists in detail consideration of every homœopathic drug now in use, alphabetically arranged.

In treating of the inorganic drugs it gives under each one the synonyms, formula, brief chemical description, origin, methods of commercial preparation or manufacture, properties, tests and preparation for homœopathic use.

Under plants a similar scheme is pursued, including the botany, directions as to when and what part of the plant to gather, with all details of manipulation and preparation.

An appendix discusses nosodes, resinoids, local applications, and gives a series of useful tables.

The style throughout is clear and concise, condensing a large amount of information which is valuable for every physician, and almost indispensable to those in the country who largely prepare their own drugs.

The work is neatly and substantially bound, and will doubtless meet with the ready success it deserves.

PROCEEDINGS OF THE N. Y. COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

At the regular meeting of the Society, held June 10th, Dr. F. E. Doughty, Vice-President, occupied the Chair.

Dr. W. Y. Cowl was chosen Secretary *pro tem*.

The minutes were read and approved.

Dr. John H. Thompson nominated for membership Wm. Bryan, M. D., Hahnemann Hospital; Arthur E. Chapman, M. D., and John B. Garrison, M. D.

Dr. E. Guernsey Rankin nominated for membership E. D. Simpson, M. D., a recent convert from allopathy.

Dr. Deady nominated for membership Charles F. Sterling, M. D.

Dr. Dillow, the chairman of the special committee on the Proposed Amendment to the Code of Ethics, then read the report favoring this amendment.

Resolved, That the Code of Medical Ethics adopted by this Society, January 13th, 1869, be amended as follows:

After "neither should he publish cases or operations in the daily prints," Section 3, Article I, Part II,

by inserting the words, "nor suffer such publications to be made."

Also after the words, "nor solicit or exhibit certificates of skill and success," by inserting the words, "nor permit his opinions on medical and surgical questions to appear in the newspapers."

Also before the first sentence of Sec. 4, Art. I, Part II, by inserting the sentence, "It is reprehensible for a physician to give certificates attesting the efficacy of patented medical or surgical appliances, or of patented, copyrighted or secret medicines, or of proprietary drugs, medicines, wines, mineral waters, health resorts, etc., or to allow his name to be employed in printed endorsement of the same."

After the report had been adopted, a motion to reconsider was carried, but the original motion to adopt, after much discussion, prevailed.

Dr. E. Guernsey Rankin, chairman of the Bureau of Surgery and Electricity, announced the following papers for the evening.

Some Surgical Cases, Dr. E. B. Ryder.

Iodoform as an Antiseptic, Dr. H. I. Ostrom.

Hæmaturia, Dr. F. E. Doughty.

Some Remarks on the Recent Progress in Surgery, Dr. E. Guernsey Rankin.

A Surgical Case, Dr. John H. Thompson.

Dr. Doughty then read his paper on Hæmaturia.

In conclusion Dr. Doughty remarked that Hæmaturia required little or no treatment, except when the flow is excessive. He has known cases where the physicians each had a different and positive cure, but did not cure. Oil of erigeron, hamamelis, millefolium, collinsonia, turpentine, cantharides, and other drugs are used as remedies, also gallic and tannic acids, acetate of lead, &c. He has used all

these remedies without any result, and considers the entire treatment as very uncertain.

Dr. Cowl said in the detection of blood corpuscles and differentiating between them and discoid crystals of oxalate of calcium, there are two points which lead him to make the distinction when there were not many of the dumb-bell and octagon forms; first, the much greater refrangibility or darker outline of the crystals, and, second, the using of a low power, so that a number can be seen at once, the yellow color of the corpuscles will then be seen, the crystals having no color. If Eosin has been used there would be absorption of it by the corpuscles and not by the crystals.

Dr. Dillow said that all the spindle-shaped cells do not come from the pelvis of the kidney, some are from the deeper layers of the epithelium of the bladder; it is difficult to distinguish between them, but those from the kidney are smaller, usually more caudate, and irregular in shape.

Dr. Doughty said the portion which gave the most epithelium was most affected; experts have been deceived in telling the difference between cells, and it is uncertain. He would prefer to depend on general symptoms, and not on cells only.

Dr. Helmuth related a case of the most persistent hæmorrhage he had ever seen when called in consultation with Dr. Richardson of Brooklyn, who said the trouble was a psoas abscess. He found a tumor projecting below the quadratus lumborum muscle with distinct fluctuation and some redness on the surface; he made up his mind it was an abscess and should be opened. Inserting the aspiratory needle, a bright yellow fluid came into the bottle, having the distinct odor of urine, filling two wash-basins; the patient was much exhausted; the fluid proved to be urine; five days after we

repeated the tapping, and five days after that she died. The history of the case was that four years before in stepping from her carriage she fell on one knee and jarred herself; after going up stairs she passed blood whilst micturating, and once a week after that, and then the remission, and passing only clear urine.

Post-mortem examination showed an immense cyst in the left kidney the wall of which was so adherent to the surrounding structure that it was difficult to dislodge it, only a very slight layer of the corticle substance remained. The right kidney was apparently undergoing the same process only the cysts were smaller; it was a great peculiarity that blood could be passed by the urethra, then urine and again followed by the hæmorrhage. Another case was at the Hahnemann Hospital, a woman had a tumor occupying the left lumbar region having the same symptoms of the first case. It was seen by Drs. Allen, Dowling and Burdick; all diagnosed it an enlarged spleen. He drew a quantity of dark fluid from this tumor. The patient died suddenly. In the *post-mortem* the kidney was found very much enlarged, the spleen normal, large cysts were found in the kidney containing urine undergoing degeneration.

In Hæmaturia if the bleeding does not stop spontaneously he gives such medicines as Phosphorus and Nitric acid and with good results.

Dr. J. R. White said he had found good results in six or eight cases from *Erigeron*.

Dr. John H. Thompson then related the following case of Amputation of the Arm and Excision of the Scapula.

During my term of service at the Ward's Island Hospital in May and June, 1881, I found a man 40 years of age who had been *scratched in the*

hand by a bayonet. When I first saw him he had been unconscious for a week or ten days. The inflammation had extended up the arm with ulceration, so that it was denuded of skin as far as the elbow. I did not think much could be done for him, and waited to see what a few days would bring forth. In two days word came from the Chief of Staff that the man needed immediate attention. I found the ulceration had extended nearly to the shoulder, and that the man was in a dying condition and could not possibly live twenty-four hours.

I at once decided to amputate the arm and did so at the surgical neck of the humerus. He was so weak that in order to administer sufficient ether we had to give him four hypodermic injections of brandy. He remained in a comatose condition for eight days more, but finally began to improve and made a good recovery.

At the time of my next service in May and November I found that the stump had not quite healed; there was a sinus leading to the end of the humerus and rough bone could be felt. The man had so far improved in flesh and general condition that on the fifth of December last, I placed him under ether and exsected the head of the humerus, the articular surface of which was quite healthy. I hoped this would give me a satisfactory result, but on examining him May 8th, 1882, I found the glenoid cavity of the scapula to be necrosed. Continuing my examination downward, I found the external edge to be carious, and resolved to remove the entire scapula, which I did without delay.

I saw the man to-day and he is in really good condition and has made an excellent recovery.

Mr. Syme has received credit for having first removed this bone in 1856

for necrosis. Several others have performed the operation for the same disease, although it has more frequently been done on account of being implicated with some form of tumor.

I think this is the first time the operation of excision of the scapula *for necrosis* has been performed by a member of our school.

Dr. Rankin then read a paper entitled "Some Researches on the Recent Progress of Operative Surgery."

Dr. Dillow moved that the several amendments be embodied in the Code and a copy of the amended sections be sent to each member of the Society—Carried.

Adjourned.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The thirty-fifth annual meeting of the American Institute of Homœopathy began at the Grand Opera House, Indianapolis, June 13th, with a large attendance, delegates being present from every State in the Union. The stage was elaborately decorated with flags and flowers, with the motto "*Similia Similibus Curantur*" on the back ground, about a bust of Hahnemann.

Among the physicians present were Drs. W. L. Breyfogle, J. E. James, E. M. Kellogg, J. C. Guernsey, F. R. McManus, R. B. Rush, Miss Millie J. Chapman, I. T. Talbott, P. G. Valentine, B. W. James, H. H. Hoffman, C. Ormes, G. B. Peck, J. E. Smith, F. P. Lewis, A. M. Piersons, L. H. Willard, J. H. McClelland, O. P. Baer, P. Dudley, J. W. Dowling, and others.

The institute was called to order by the president, Dr. Breyfogle, and

was then welcomed by Mayor Grubbs and Dr. Corliss, when the president delivered his address, an able dissertation upon the present standing and needs of homœopathy. On the latter subject we quote: "science has at last demonstrated what many of the profession have long believed to be true, that there are influences operating in the preparation of attenuations that are not yet fully understood."

"Our distinguished colleague, Prof. J. Edwards Smith, whose reputation is above reproach, has, during the past year, laid aside his 'microscope,' and with delicate instruments and labor that consumed time due to rest and recreation, succeeded in assaying the different triturations of Aurum met., up to the thirtieth decimal, and with the most startling results. When Professor Smith sent me a button of pure gold, obtained from assaying the thirtieth decimal trituration of Aurum, large enough to handle and examine, which resisted boiling in nitric acid, and when I remembered how diligently our distinguished colleague, Dr. Wesselhoeft, and others, had been for years searching for this valuable article with the assistance of a microscope, and that the thirtieth decimal trituration of Aurum, properly prepared, should not contain gold at all visible, I believed that there must have been some mistake in the labeling of this particular preparation. It was then suggested that I should furnish the triturations for examination. Ordering from nine reputable homœopathic pharmacies preparations of the first, second, third, fourth, fifth, sixth and thirtieth of Aurum, I carefully removed all labels and evidences of their origin, marked the corks by letters and numbers, carefully registering each in my book, and forwarded them. The results of these examinations prove conclusively that triturations of gold as sold above

the seventh decimal, are totally unreliable, the thirtieth and even the sixtieth trituration yielding the same amount of gold as was found in the seventh. Not only are there many inferior triturations, but in some instances the preparation was found to contain large quantities of matter foreign to pure sugar of milk. In some triturations the foreign matter was in excess of the original drug.

"As a chief hindrance to the general and candid consideration of the truths of homœopathy is the absurd doctrine, never taught by Hahnemann, of infinite dilution, we should endeavor to arrive at some standard or limit for drug attenuation, and refuse longer to assume any responsibility for triturations and dilutions made in defiance of all reason and to suit the caprices of men who are satisfied only when surrounded by impenetrable clouds of mysticism. There can be no reasonable objection urged against such action on the part of the Institute. When we remember that ninety-nine out of every hundred homœopathic practitioners rely upon triturations and dilutions within the range ending at the tenth centesimal, and that the great clinical conquests of homœopathy have been made, and nearly all the favorable legislation secured, by them, we are astonished that some such action has not been taken long ago.

Following the address and routine business, was a report of the bureau of Sanitary Science. Dr. G. M. Ockford, acting chairman. Vaccination was the subject discussed, and the contradictory experiences and impressions of several were given. Papers were then presented by the bureau of materia medica, by Kate Parsons, M. D., H. N. Martin, M. D., and H. N. Guernsey. Dr. J. P. Dake was appointed chairman for 1883.

Second Day.—Dr. W. H. Winslow

reported on foreign affairs, Dr. Dake on Legislation, Dr. Dowling on Clinical Medicine. The following papers were presented by the Bureau of Obstetrics, Dr. C. G. Higbee, chairman: "Nurses and Nursing in Lying-in-Chambers," by the Chairman; "Rectal Complications," by Dr. E. C. Morrill; "Annoyances of Children," by Dr. J. P. Mills; "Puerperal Mania," Dr. H. H. Hofmann; "Meddlesome Midwifery," Dr. C. Ormes; "Affections of the Nipple," Dr. Millie J. Chapman; "Statistics of the Puerperal State," Dr. G. B. Peck; "Prevention of Lacerated Cervix," Dr. Foster; "A Case of Puerperal Fever," by Dr. Dowling.

The papers were discussed. Dr. J. B. Mills spoke, advocating the use of Magnesia, Phos. and Lycopodium in the treatment of very young infants.

The other bureaux reported in regular order.

PROCEEDINGS OF THE OPHTHALMOLOGICAL AND OTOLOGICAL ASSOCIATION.

The sixth annual session of this Society convened in Indianapolis June 13th. In the absence of the president, Dr. Houghton, Dr. I. H. Buffam acted as president; Dr. F. Park Lewis, secretary.

The address of the president would have opened the session, but as its receipt had been delayed it was temporarily passed over.

The following is the list of papers read: "Anomalous Cases," C. H. Vilas; "Sympathetic Ophthalmia," W. H. Winslow; "Pathology of Cataract," James C. Burnett; "Suppurative Inflammation of Middle Ear

—Exfoliation of Bone—Facial Paralysis—Case from Practice," W. A. Phillips; "Cyclotomy," B. W. James; "Congenital Auricular Malformation Microtio-atresia Ext. Meatus," Jas. A. Campbell; "Spring Catarrh of Conjunctiva," Alfred Wanstall; "Severe Burns and Scalds of Eye," C. H. Vilas; "Some Advances in Cataract Extraction," Geo. S. Norton; "Infantile Mastoiditis, with Case" J. H. Buffam; "Voluntary Nystagmus Case," James A. Campbell; Clinical Cases—(1) Hæmorrhage from Ear, following a fall: (2) Neuritis descendens with objective (vascular) noise in Temporal Fascia," Alfred Wanstall; "Cinchona in Disease of the Middle Ear," Henry C. Houghton; "Treatment of Trachoma," F. Park Lewis

The paper of Dr. Burnett, of London, England, was read by the secretary. The subject, "The Causes of Cataract," was treated in a very careful and scholarly manner. Among the causes was the excessive use of salt, of sugar and of hard water. In the discussion which followed, the general feeling of the gentlemen present was not in support of his propositions, although they were deemed worthy of careful consideration. Dr. Buffam, in the treatment of partial cataract, had seen beneficial results follow the combined action of internal medication and local galvanism. Dr. Winslow questioned the causative relation which the paper had pointed out between arterial sclerosis and cuticular opacity.

Officers for next year are: President—C. H. Vilas, M. D., Chicago. Vice-President—W. H. Winslow, Pittsburg. Secretary and Treasurer—F. Park Lewis, M. D., Buffalo. Board of Censors—T. P. Wilson, M. D., Ann Arbor, Mich.; M. O. Terry, M. D., Utica; I. A. Campbell, M. D., St. Louis.

NEW RESEARCHES ON DIPHTHERIA.—The following are recent editorial comments from the *Ph la. Medical Times*: Most of our readers are familiar with the results obtained by Drs. Wood and Formad in the research upon diphtheria recently made by them under the auspices of the National Board of Health. This spring the work has been resumed, and with sufficient success to make a note of the achievement proper. A number of experiments were made upon the effect of boiling the membrane, and it was found that if the heat were maintained for only four or five minutes the contagious power was not always destroyed, but that when the boiling was continued for fifteen minutes, or longer, inoculation with the virus always failed to produce any local or general effects. Culture experiments with this innocuous virus showed that the boiling had killed the micrococci, which entirely refused to grow. It is scarcely necessary to point out the confirmation this lends to the belief that the micrococci are the *materies morbi*. It is another instance of the close connection between the vitality of the plant and the virulence of the poison.

A number of cultures were also made and inoculations with the liquid practiced. In six or eight instances the second, third, or fifth generation of cultured plants caused the death of the rabbit. In all these fatal cases micrococci were abundant in the blood and internal organs. In some animals the local exudations were marked, and resembled those of diphtheria, but in other rabbits the local symptoms were only slight swelling and infiltration of the surrounding tissues with serous liquid containing an abundance of micrococci. These inoculative experiments, taken with those hitherto reported, are now in sufficient number to be worthy of cre-

dence. And it is very difficult to explain them upon other grounds than that the plants are the poison of diphtheria.

The membrane with which these experiments were made was obtained by Dr. Formad in the neighborhood of Lakeview, Michigan, in which State epidemic diphtheria seems to find its especial home. The cases were not so violent, nor the contagion so marked, as in the Ludington plague, and the culture studies clearly showed that the growth-power of the micrococci was correspondingly feeble.

A very important and curious observation was made by Dr. Formad at the spot of the epidemic. The pigs of a family living in an isolated position in the forest were fed with slops from a room where three or four children were sick with the disease. Several of the pigs sickened and one died. At the autopsy made by Dr. Formad, the larynx and respiratory passages were found entirely free from disease, whilst the lower end of the œsophagus, the stomach, and the upper duodenum were coated with a very thick false membrane loaded with micrococci and containing the other anatomical elements of true diphtheritic membrane. Underneath this false membrane the mucous membrane was inflamed, and in numerous places ulcerated. In the blood of the pig, as well as in the spleen and the bone-marrow, the micrococci were exceedingly numerous. They were seen attacking the leucocytes, and in all other particulars conforming with the action of the plant in malignant human diphtheria. Inoculation of rabbits with the membrane from the stomach of the pig produced sickness and death, with symptoms and local and general lesions similar to those caused by the human membrane. This observation

is very important as showing the local nature of diphtheria in its first onset, and, especially, as raising the suspicion that the swine-plague of the West has close relations with human diphtheria.

SEQUELÆ OF CIRCUM-UTERINE INFLAMMATION—SALPINGITIS—CHRONIC DILATATION OF THE FALLOPIAN TUBE.—Prof. Jenks, of Chicago, in a clinical lecture, presented to his class a young unmarried woman, who, although she denied ever having been pregnant, presented all the signs of having been in that condition.

She was very debilitated, complained of pain in her back, hypogastrium and right inguinal region. She stated that two and a half years before, she had had a severe illness for several days, suffered severe pains in the lower and right portions of her abdomen, with fever, chills, and tympanitis. Since then she had had similar attacks (but none so severe), during which she had complained of constant pain accompanied by leucorrhœa. The time of occurrence and quantity of menstrual flow was irregular, abdomen tender and tympanitic. Cervix uteri lacerated and tender, body increased in size, tender, and not as movable as normally; roof of vagina also tender to touch. By aid of speculum, the os uteri was found gaping and filled with mucus, presenting a condition similar in appearance to the so-called granular erosion, but due to laceration. Passing a flexible probe to the depth of three inches, the fundus was reached. It was possible, by turning the point of the probe to the right of the median line, to pass up four inches farther without danger of doing harm.

It remained then, to decide (as is the case in a non-gravid uterus, which this was) (1) whether a uterine tumor caused elongation of the canal; (2) whether the probe passed through the uterine tissues into the peritoneal cavity; or (3) whether the probe passed into a dilated fallopian tube.

The fundus was determined by transmission of impulse given by the probe. The probe on the left side did not, as on the right, pass an additional distance of four inches. By manual examination the uterus was found very little changed from its normal position. Being positive that the probe did not pass into the peritoneal cavity, there remained but one other route possible for it to take; namely, the right fallopian tube.

The diagnosis then made was salpingitis, succeeded by chronic dilatation of the tube. The uterus was in a condition of sub-involution and there was a uterine catarrh. Both were aggravated and maintained by the laceration of the cervix. Also the condition of the uterus and soft parts was due to several attacks of severe acute inflammation, which, if not due directly to a puerperal disease, in consequence of parturition she was predisposed to be subsequently attacked by it.

Salpingitis is not always ultimately followed by dilatation, but partial or complete contraction may result, rendering the patient liable to dysmenorrhœa or sterility.

Dilatation occurs consequent to acute or chronic endometritis, acute salpingitis, chronic uterine catarrh, complete vulvar, vaginal or uterine atresia.

Cases of dilatation of the fallopian tubes, diagnosticated by means of the probe are recorded, which were under the observation of very distinguished men. Notwithstanding, in consequence of the very limited amount of

literature on this mode of diagnosis, men who were considered high in authority, were inclined to doubt.

Over such a woman the danger of recurrent acute inflammation of the circum-uterine tissues especially, and most dangerous inflammations of the pelvic peritoneum constantly impends. As time and perfect rest of all the generative organs are of major importance, very little active treatment is required. If, though, the symptoms indicate any pelvic inflammation, leeches, opium, hot fomentations and hot vaginal injections should be resorted to; the latter cautiously, in the recumbent posture, because of the possibility, in the impaired condition of the tubes, of fatal consequences. The lecturer referred especially to the advantages of the flexible probe in diagnosing this condition. He says: "The stiff unyielding sound would doubtless fail to reveal the condition of the tube. The probe to be used should be either of pure silver or some flexible material." When the point of the probe reaches beyond the os a distance of several inches, the most frequent cause for such elongation is a uterine tumor. He has himself had a patient who, from this fact alone, was said to have a tumor within the womb, yet he had failed to find any, but discovered that the probe passed into a dilated fallopian tube.

NEWS AND ITEMS.

The Eclectic Magazine (monthly) contains the best selections of current English literature.

The mid-summer issues of the art journals (Art Amateur, monthly, and Art Interchange, bi-weekly,) are specially attractive.

The London *Lancet* says that there is absolute unanimity among medical men, whatever their other views on the drink question, that spirits, wine, or beer should only be taken with food.

The New York Ophthalmic Hospital report for the month ending May 31st, 1882: Prescriptions, 4,203; new patients, 778; patients resident in the hospital, 16; average daily attendance, 162; largest daily attendance, 245.

ERRATA.—In Dr. Sherman's article "The Faith Cure," in our last number, in the second column, page 149, seventh line, for "faiths" read "paths," and in the first column, page 150, twenty-sixth line, for "physiological" read "psychological."

Professor Carlo Pavesi, an Italian, has produced a disinfectant which the medical papers of the Old World heartily commend. It is composed of chloride of lime, camphor and glycerine. The mixture can be used in all cases where phenic acid is now employed, and is less disagreeable, less irritating and less toxic than that acid.

MATERIA MEDICA.—A young lady asked a druggist of her acquaintance to tell her an easy way to take castor oil. He thereupon invited her to take a glass of soda water, which having drank he exclaimed, "there! you have taken the oil and didn't know it." "Oh, dear!" she replied, "I am ever so sorry; it was for my mother I wanted it."

The *Dublin Journal of Medical Science* says: "It is related of the late Earl of Derby, who was a martyr to gout, that on one occasion a merchant sent him a supply of sherry, informing him that as long as he confined himself to it he would continue free from his enemy, to which the statesman laconically replied that he had tasted the sherry and preferred the gout."

The eighth annual Convention of the Western Academy of Homœopathy at Kansas City, Mo., took place June 20th and 22nd; Officers—E. M. McAfee, M. D., President; A. S. Everett, M. D., W. J. Hawkes, M. D. and R. L. Hill, M. D., Vice Presidents; C. H. Goodman, M. D., Gen. Sec.; H. W. Roby, M. D., Prov. Sec., and G. W. Foo'e, M. D., Treas.

We take pleasure in recommending Nestle's Milk Food as being probably the best food obtainable for infants not receiving nourishment from the breast. Last summer we had good results from its use in the intestinal troubles of infants. In diarrœa and dysen-

tery it is received more kindly than any other food which we have used.—O. S. and M. T. Runnels, Indianapolis, Ind.

Dr. J. J. Jennings, of No. 16 East Front street, Trenton, N. J., died June 1st of blood poisoning, the result of vaccination. Dr. Jennings vaccinated himself with bovine matter, using his pocket-knife as a scarifier. Soon afterward his arm swelled to an enormous size, and his whole body became affected. All remedies possible were applied, but without effect. The matter used was the same that the doctor had used with excellent results in his practice.—N. Y. Truth.

Probably no preparation has ever met with such universal welcome and is now in such constant demand among the Homœopathic profession as the remarkable disinfecting solution—"Platt's Chlorides." Its extreme nicety and value as a household disinfectant needs no comment, but of its great importance and hygienic benefit as a sick room sanitary assistant we feel we cannot say too much in its praise. Every physician should personally know its value, and as Mr. Platt of 36 Platt st., N. Y., kindly offers to send a sample quart free, and express charges prepaid, to any practitioner, simply for the asking, we hope every reader who is not already acquainted with it will take advantage of the offer.

The curious story which *The World* told yesterday about the relations of the State Medical Association of this State to the American Society of Physicians shows what hold an inveterate superstition may take of the professional mind when it has long ceased to have any reason for being. When the rule was passed which the Medical Society of this State has now repealed, forbidding its members to consult with physicians of other schools, physicians of other "schools" were of no school at all. They were simply quacks. But whoever now pretends that a physician who calls himself a homœopathist cannot be an educated, competent and skillful physician, simply proves himself an ignoramus or a bigot, without proving anything against the object of his imputation. The State Medical Society has simply recognized a notorious truth. If the American Society of Physicians undertakes to discipline the State Society upon this ground, it will be the American Society itself that is on trial. No real safeguard against quackery is lost by the rule of the State Society. No physician is compelled to consult with any other. The question whether he shall or shall not consult with another is left where it ought to be left—to his own discretion.—N. Y. World.

THE AMERICAN HOMŒOPATH.

NEW YORK, AUGUST, 1882.

PROGRESSIVE MEDICINE.

BY

F. F. CASSEDAY, M. D.
Kansas City, Mo.

At the recent session of the Kansas Homœopathic Society held at Wyandotte, the question of the feasibility of establishing a newspaper for the laity, designed to elucidate the principles and practice of Homœopathy, was broached, and during its consideration some very interesting and animated remarks were indulged in by the members. One prominent member objected to it, as an advertising scheme, and because it would only tend to widen the breach between the two schools of medicine. Such discussions as this naturally arouse the query in our minds, as to whether it is desirable to bring the merits of homœopathic practice in a tangible form before the people, so that they may make an intelligent choice of medical advisers, and if it is for our best interests as the exponents of a case of therapeutics to give up our distinctive name. As regards the first portion of the proposition, I contend that it is right, proper, and our bounden duty to lay the principles of homœopathy, and the results obtained from the application of the law of cure, before the people in plain Anglo-Saxon, explain to them that the law of cure is confined to special therapeutics, and show them its application. We have allowed our enemies to falsify our position, and argue us fools on false premises long enough; let us state our own case plainly and persistently, and there need be no fear of the result.

The people, after all, constitute the tribunal before which this question must of necessity be tried. They are anxious to learn the truth as to the

results of a certain specified line or system of treatment, and the grand and final test is the ability to cure. Can I recover my health more rapidly and pleasantly under your method of treatment than under that of the dominant school? Yes. Then your school is my choice. People want plain, unvarnished facts and *results*, they care nothing for theories. If we do not explain our methods to them they must of necessity accept the explanations (?) of our enemies and rivals. Why then do we hesitate to define our position to the masses? Some consider it unprofessional. Is it worse than the falsehoods and misrepresentations of the dominant school? No. We must fight the devil with his own weapons in a measure except lying; nail their lies on the spot, and tell the real facts. Many intelligent, passably well informed persons consider homœopathy as refined moonshine and sugar pills, and are entirely ignorant of the fact that its practice is based upon a law. They either ridicule it, or ignore it entirely, and in the majority of cases are perfectly honest in their belief. Who is to blame for this condition of affairs? The entire homœopathic profession. It would rebound to the credit and benefit, pecuniarily and otherwise, of every physician to disseminate the principles of medicine in general and homœopathy in particular, far and near, in all ranks and conditions of society, so that individuals might know more of their own organisms in health, and with that knowledge be better able to second the efforts of the physicians in their behalf when disease attacks them. Shall we give up our distinctive name? Two questions arise in my mind in considering this subject, namely: why do certain members of the dominant school, and of our own urge so strenuously a union of schools?

What are their motives in favoring the scheme? Is it pure love of science, is it undying love for mankind, is it an unquenchable desire for peace and harmony which induces our allopathic brethren to extend to us the hand of fellowship under such pretty conditions? In the great majority of cases, no; in a few brilliant and exceptional cases, yes. We all like in this world to be a good comfortable distance in advance of public opinion, it galls us to be behind it. The thinking men, the men of brains and judgment in the allopathic ranks to-day are awake to the fact that homœopathy is making tremendous strides into public favor, it is obtaining entrance into high and influential positions, it is reaching out for the flesh pots of Egypt; in short, it is getting to be a dangerous opponent and must be suppressed at any cost. It matters not whether the law of similars be true or false. That is not the point to be considered at all, but the question is, here is an enemy encroaching on our rights, what tactics can we follow so as not to arouse suspicion, but at the same time defeat our enemy. The plans are laid and the polite invitation comes, "will you walk into my parlor?" The allopathic profession, after stealing from our literature for years, without credit, now ask us to lay aside our name and they will receive us. They do not make a single concession, do not even allow liberty of opinion, and yet if we will be kind enough to dispense with that little law they will take us in. They want to knock the law in the head, and when this is accomplished we will be served in the same polite fashion. It is like the polite request of the Irishman, "I have a match, 'ave you ary a poipe and tobaccy." Is it strange allopaths desire to counsel with homœopaths when visions of fat fees are floating before them? It may be objected that they do not ask

us to give up our law, but it virtually amounts to that when we give up our distinctive name. On the other hand, what induces men in our own ranks to favor union? We have our own colleges, hospitals, dispensaries and societies, we have eminent men in all branches capable of giving satisfactory counsel, and the public are demanding that we shall have a representation in national, state, county and city institutions. Now that we are on the eve of our greatest victories, after we have fought long for the recognition of our just rights, now in the full flush of our success, throw it all away, acknowledge ourselves defeated, and gracefully accept any conditions which the dominant school may propose, and for what? For some of the loaves and fishes, some of the prestige, some of the political influence of the old school, which we would virtually confess our inability to obtain in a fair fight, but must needs obtain by giving up our faith, and confessing ourselves unable to cope with their political machinery. It is really touching to see the enthusiasm with which certain elderly homœopaths urge their brethren, and especially the young men, to remove "homœopath" from their signs. What means did these men use to get into practice? under what name did they achieve their most brilliant successes, and what was their success due to? It was as homœopaths, and by their professed adherence to the law of cure that their success was attained. Now that the position, which they strove for, is reached, the means is discredited and others are dissuaded from following the same line of action. The fact is, after a man is established and known, there is no need of informing the public about his belief and practice; but there is no sense or justice in refusing to a person just entering professional life the privilege of inform-

ing the public that he practises in accordance with a certain law, and, moreover, it is his duty to do so, as there is a large number of persons in every community who desire to employ such a physician. After I am known as a homœopath what difference does it make whether it is on my sign or not? None whatever; but I still remain a homœopath (provided I am able and willing to tell the truth) so what is to be gained by removing it from my sign? To my mind it amounts to nothing one way or the other, and is only used as a specious argument to catch gudgeons. If we believe in progressive medical science let us stand by our convictions, and if necessary, fight for them. With a few exceptions, courteous treatment of homœopathists by allopaths is practically unknown. In New York and Brooklyn, and other large eastern cities where our numbers are large and influential, the allopathic profession are courteous from force of circumstances, if for no other reason, but west of the Alleghanies old school courtesy in any shape or form is seldom seen and never expected. To hundreds of men throughout the west, who have contended against vile and unscrupulous men in the old school ranks, men who used any and every means in their power to injure homœopathists, the mention of old school courtesy would be apt to provoke a smile.

That there are some high-minded, liberal allopaths no one can deny, but the fact still remains that the rank and file of the allopathic profession are a unit in their opposition to homœopathy, and are determined to stamp it out, by fair means or foul, if patient, persistent work will accomplish such a result. They are trying every day to clean us out root and branch, and some very progressive (?) men in our school are helping on the cause.

Shades of Euripedes, what a chuckle of satisfaction would go up from allopathic throats if we consented to such terms! Homœopathy has completely revolutionized therapeutics within the last fifty years, and now when the entire medical world is showing the results of this work, shall we give up the conflict and retire from the field? I am confident that the army of homœopathic physicians in the United States and Europe, who have borne the brunt of the battle, will stand shoulder to shoulder and fight to the bitter end. It will be a bloodless battle, but none the less earnest on that account. Be patient and allopathy will come to us, we should never go to them. They have ground us down in our weakness, have dictated to us, have made terms for us; now that we are getting strong let us turn the tables and see how it works.

SOME CLINICAL CASES.

BY

GEO. M. OCKFORD, M. D.,

Vincennes, Ind.

A man aged about sixty-five, by occupation a night watchman, suffered, especially during the winter months, with dyspnœa and spasmodic cough, being aggravated after eating, and frequently accompanied with vomiting. The dyspnœa was also increased by lying down. There was also present thickly-coated tongue and oppression in stomach after eating, constipation, and a general cachectic appearance. *Arseniate of Antimony* 2, four doses daily, gave prompt and permanent relief.

A man, aged thirty-five years, in previous good health, awoke after midnight with nausea, headache and

general malaise, which was followed by vomiting and prolonged retching. Towards morning the attack passed off, to return the following night. *Nux vomica* and *Arsenicum* were administered, but did not check the trouble, the same condition occurring nightly, until *Cuprum acet.* 3 was administered, after which the patient made speedy recovery.

Mrs. —, aged about sixty, of lymphatic temperament, corpulent, had been subject to bilious attacks, for which she had received allopathic treatment. For some years past had suffered with brain and heaviness in the right side; the skin was of a jaundiced color, tongue was coated, appetite and digestion poor, constipation, with occasional diarrhœa, was also present. Examination discovered the liver swollen, and sensitive to the touch.

Ammonium mur. 2 three doses daily, was prescribed, with marked relief and general improvement of the health following.

An aged lady had been subjected to attacks of nervous palpitation of the heart, brought on by over-exertion, indigestion, or excitement. *Arsenicum*, *Ignatia*, *Pulsatilla*, and other remedies had formerly given relief, but apparently had lost their effect, but *Iberis Amara* 2 would always give relief.

ON VACCINATION.

BY

F. G. OEHME, M. D.,

Tompkinsville, Staten Island, N. Y.

Reading the remarks of Dr. Cowl (page 117 this journal), induces me to give my experience in vaccination.

I have always used the lancet,

and although scarifying with the greatest care, have met unaccountable and frequent failures.

Last winter two families, living at a great distance, requested me to send them cow-pox virus, with directions for application. As it seemed impossible to teach by letter the proper use of the lancet, needle, or any other instrument, it occurred to me to try vaccinating after having drawn a small blister with Spanish flies. I happened to have some cantharid. collodium, of which I sent a small quantity, with the ivory points, and several pieces of court-plaster about one inch square, each having a small hole of about one eighth of an inch square in the centre. The directions were to place the plaster, before retiring, on the spot to be vaccinated, being particular that it should adhere well around the edges of the hole. Also, after it had become dry, to apply with a small stick three or four coats of collodium, and when these were dry, to put a small piece of court-plaster over the collodium. On the next morning to carefully remove the plasters with warm water, and also the skin of the blister, and then to rub the ivory points on the denuded surface. The result was highly satisfactory to the families.

I myself also became curious, whether this method was really better than the lancet, and tried it in several cases where, shortly before, the lancet had failed. It indeed worked most admirably. Since then I have discarded the old way entirely, and have had far better results.

With children and others, who fear the knife, it is also on this account decidedly preferable. I need not add that the common cantharid. plaster will answer as well as the cantharid. collodium. But since the latter spreads rapidly on the skin, the surrounding must be protected by court-plaster, or

some kind of fatty substance. It is certain that a blister removes the epidermis in the best way, and prepares a perfect surface for the vaccine virus (or any kind of a drug); no blood drawn either which might wash off the virus.

NUX VOM. IN DELAYED LABOR-PAINS.

BY

J. S. SMITH, M.D.,
Westminster, Md.

Mrs. W., aged 45, mother of five children, the youngest being six years old. At full term, thinks a little over. The first stage of labor began at 8 p. m., Jan. 7th; the waters came away about 7, and were described as being "a perfect flood." Saw her for the first time at 10:30. No labor-pains present, and only a few thus far, but much general suffering from drawing, aching pains in the toes, legs, thighs, back, arms, fingers and vertex, the last feeling as if a nail were driven into it. The os about the size of a 50 cent piece, rather hard. Head high up, just engaging in the superior straits. Very irritable, with frequent but ineffectual desire to go to stool or urinate.

Waited on nature till 10:30, but no change; not one labor-pain in the hour. Nux vom., 3x. one dose. At 11:45 labor-pains began, and continued for about half an hour at short intervals, during which the head made much headway. They then ceased entirely, and the wandering pains, as before described, returned. At 12:30 a second dose of Nux vom. was given, and the effect noted, watch in hand. At 12:38 labor-pains began again, and

at 1:40 a. m. she was delivered of a fine boy weighing 12 pounds.

The wandering pains now returned again with great severity, but no signs of the delivery of the placenta appeared, although both pressure and traction were tried. At 2:40 (not a labor-pain having taken place since the child was born) Nux. vom. 3x. was again administered. In five minutes the pains began, and at 3 a. m. it came away without accident.

There seemed to have been complete atony of the uterus, perhaps due to its over-distension by the *liquor amnii*, which, however, yielded almost immediately to the remedy employed. A higher potency would have been given, but was not at hand. The indications leading to its selection were:—Irritability, frequent urging to stool, irregular, drawing pains in the back and thighs delaying labor. Pain like a nail driven into the vertex.

A CLINICAL CASE

BY

C. H. VIEHE, M. D.
Henderson, Ky.

On Feb. 27th, 1882 I was called to see a boy of about 12 years of age, who has had intermittent fever for the last 4 years; of course it was often suppressed by Quinine of which his father told me the boy had taken about a hat full, but the unwelcomed guest made its re-appearance soon after every treatment.

Examination evinced the following condition of the patient at present: Eruption similar in its appearance to "itch" on body and extremities.—Complexion a yellowish grey color. Considerable enlargement of the liver, which bulged the lower ribs out to a

great extent and filled the epigastrium as if bloated. Bowels constipated.

For the intermittent fever *Natrum mur.* was given, which stopped the attacks at once and he never had them more, four months have since elapsed. The liver was reduced by *Chelid. maj.* etc. As a bowel corrective *Cascara sag.* was given. These two latter were alternated, and the boy was entirely well in about one week.

Nat. mur. cured another case of intermittent in the mother of the boy, no attacks occurring after commencement of medication.

UNIVERSITY OF MICHIGAN.

(Report of Clinic.)

The following Surgical cases were treated at the Homœopathic clinic for the term ending June 30th, 1882, viz.:

Anchylolosis.....	3
Aneurism.....	1
Abscesses.....	11
Artificial Arms.....	1
Ascites.....	2
Bursitis (chronic).....	4
Bubo (gonorrhœal).....	3
Carcinoma.....	4
Cicatrices (wounds and scalds).....	3
Chancroid.....	3
Cleft palate.....	2
Coxalgia.....	4
Condylomata.....	5
Dislocations (old).....	3
Dyslalia.....	1
Erysipelas.....	2
Exfoliation of bone.....	3
Exostosis.....	2
Fistula in ano.....	4
Gonorrhœa.....	5
Genu valgum.....	1
Hemorrhoids.....	5
Hydrocele.....	2
Harelip.....	4
Mercurialism.....	3
Lupus nonexedens.....	2
Necrosis of femur.....	3
" " tarsus.....	2
" " ulna.....	2
" " skull.....	1

Ozæna.....	2
Paraplegia (traum).....	2
Paralysis.....	5
Paranychia.....	2
Periostitis.....	3
Paraphymosis.....	2
Phymosis.....	4
Ranula.....	1
Rheumatism (chronic).....	5
Spinal curvatures.....	47
Septicæmia.....	2
Spinal irritation.....	2
Sciatica.....	1
Sclerosis of spine.....	2
Stricture of rectum.....	2
" " urethra.....	9
Syphilis.....	4
Stone in the bladder.....	3
Sub-luxations.....	3
Spermatorrhœa.....	3
Syphilitic ascites.....	1
Tumors of various kinds.....	19
Tongue-tie.....	2
Tonsilitis (chronic).....	2
Talipes varus single.....	2
" " double.....	1
" " equinus.....	1
Ulcers (varieties of).....	17
Varicocele.....	2
Vicious union in bone.....	1

Number of cases treated..... 243

GYNECOLOGICAL CASES.

Atresia vaginæ.....	1
Caruncles in urethra.....	1
Endo-cervicitis.....	3
Hyperplasia of uterus.....	2
Rupture of perineum.....	2
Recto-vaginal fistula.....	1
Uterus, displacement of.....	5
Vaginitis (chronic).....	2

Number of cases treated..... 17
 " " " above..... 243

Total number of cases treated..... 260

Of the preceding number of surgical cases 101 were admitted into the hospital and the following operations performed, viz.:

For Anchylolosis and restoration of joint.....	3
" Abscesses of various parts (by hyperdistension).....	11
" Ascites (paracentesis performed).....	3
" Atresia vaginæ from childbirth.....	1
" Artificial anus, from strangulation of intestine.....	1
" Cleft palate, for which staphyloraphy was made.....	2

" Cystic sarcoma of the mamma (enormous size).....	I
" Caruncles in urethra of long standing	I
" Dyslalia (acupuncture performed)	I
" Exfoliation of bone (bone removed)	5
" Exostosis and the diseased bone excised.....	2
" Fistula in ano by method of incision.	3
" Hemorrhoids by excision and ligation	4
" Hydrocele by tapping and injection.	2
" Hare-lip single and double (Mirault's method).....	4
" Lupus non-exedens (excision).....	2
" Necrosis of bone, with removal....	6
" Paronychia by removal of nail....	3
" Phymosis and removal of prepuce..	4
" Ranula (incision and injection)....	I
" Stricture of rectum (incision and dilatation).....	I
" Stricture of urethra, external urethrotomy).....	3
and mechanical dilatation (gradual and divulsion.....	5
" Stone in the bladder (lateral lithotomy and median.....	3
" Stone in the bladder, lithotomy ...	I
" Syphilitic ostitis and removal of bone of skull.....	I
" Tumors, removal by exsection....	13
" Tongue-tie, division of frænum....	2
" Tonsillitis, removal by excision ...	2
" Talipes varus et equinus, by tenotomy	4
double, ".....	I
" Uic-rs cured by skin-grafting, &c....	15
" Atresia vaginæ caused by dystocia..	I
" Caruncles in urethra.....	I
" Endo-cervicitis.....	3
" Hyperplasia of neck of uterus.....	2
" Recto-vaginal fistula.....	I
" Dislocations of uterus....	5
" Amputation of thigh for tuberculosis of knee-joint.....	I

Among these operations were some of the largest known to surgery, among which I may mention three cases of stone in the bladder; one immense tumor weighing nearly 17 pounds; one case of atresia vaginæ with complete occlusion of the canal; three cases of resection of bone from necrosis; two cases of external urethrotomy; three cases of internal urethrotomy; one case of Dupuytren's operation for artificial anus; one amputation of the thigh (lower $\frac{1}{3}$); two cases of ruptured perineum, with laceration of the recto-vaginal sep-

tum; two cases of large tumors removed from the superior triangle of the neck, besides many other operations of more or less importance. Of the 131 operations performed not a single death occurred, either in or out of the hospital; a degree of success rarely attained in operative surgery.

Very respectfully,

E. C. FRANKLIN,
Prof. Surgery Univ. of Mich.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF RHODODENDRON.

BY

ALFRED C. POPE, M. D.,

London, Eng.

The *Rhododendron Chrysanthum*, or Siberian rose, belonging to the *N. O. Ericacæ*, is a native of the highest mountains of Siberia and Mount Caucasus, and is also found in Kamtschatka. The dried leaves and the flower buds, collected when well developed, but as yet unopened, are the parts used in medicine for the preparation of a tincture.

As a therapeutic agent the Siberian rose was not unfrequently used, especially in Germany, in gout and rheumatism, towards the end of the last century. A proving of it by Dr. Seidel, together with a number of observations collected from writers on *Materia Medica* during the eighteenth century, forms one of Stapf's *Additions to the Materia Medica*. These, with a more recent proving by Dr. Lembke, of Riga, constitute the materials out of which the article on this drug in Allen's *Encyclopædia of Materia Medica* has been compiled.

Rhododendron gives rise to a febrile paroxysm of a remittent type; a certain degree of delirium; a headache of a peculiar character; catarrh which

affects the eyes, nose, and mouth; and a dyspepsia. The most marked conditions it excites are, however, a well-defined form of rheumatism, and also of orchitis and epididymitis.

We will examine these points in detail.

Dr. Henke, who assisted Dr. Seidel in the series of experiments which first made *Rhododendron* available as a therapeutic agent for the scientific physician, experienced the following febrile paroxysm, which he ascribed to the drug he had taken:

"A paroxysm of fever set in at 6 p. m., attended by great heat about the head, with cold feet and an absence of thirst; intolerable headache with pressure from within outwards, burning in the eyes, dryness, and a burning hot sensation in the nose when taking a deep inspiration; a feeling of debility, and a bruised pain in all the limbs; weariness of mind; a restless, almost sleepless night, owing to vivid dreams and dry heat of the body; towards morning he slumbered a little; during his slumber a general sweat broke out which alleviated his sufferings." He adds that he had never passed such a night in his life. A similar paroxysm occurred on each of the two following evenings, but in a lesser degree.

We have here as characteristic features of the fever *Rhododendron* will in a large dose excite, and in one much smaller relieve—an evening paroxysm, hot head and cold feet, headache, absence of thirst, heat and dryness of mucous surface, a weak and bruised feeling in the muscles throughout the body, great restlessness and sleeplessness, the whole terminating in perspiration.

Other portions of the proving of this drug render it probable that it will be useful where a person who has suffered from intermittent in years gone by is liable to returns of

the paroxysm, accompanied by rheumatism in wet and windy weather. To the influence of storms of wind and rain and to cold the person under the influence of *Rhododendron* is peculiarly susceptible—"almost all the symptoms reappear in rough weather," is the testimony of one prover, and it is a piece of evidence repeated by nearly all. It also induces great muscular weakness, and a bruised sensation throughout the body, with drawing and jerking pains in the joints.

Some of the older writers describe a form of delirium as being provoked by *Rhododendron*; this, with the kind of headache to which it gives rise, deserves notice.

The delirium is marked by frightful visions, irritability, the head is tossed about, the limbs stagger; finally sleep supervenes, during which startings marked by terror are frequent.

The headache is one of vertigo with confusion; head feels "wild and confused." Further, this *Rhododendron* vertigo is worse in bed, worse when lying down, and *disappears* on motion—a very unusual circumstance with vertigo, but nevertheless a condition that is met with in practice, and one therefore that it is well to be provided against. Another practical point worth remembering in connection with *Rhododendron* is, that the headache is much increased by wine. The condition produced is described by some as a sort of intoxication with loss of sense. Another head symptom which gives a useful hint to a prescriber now and again, is a "heating pain in the forehead, with pressure, as if everything would come out there, going off by rest." The character of the pain is usually aching, tearing and boring, shooting, and contusive. It occupies the forehead and occiput chiefly, but is felt in other portions also.

These symptoms point to a form of headache more frequently noticed in rheumatic subjects than in others.

Catarrhal symptoms are manifest in the eyes, nose, and mouth.

The eyes are weak, dry and burning, and the sight is rendered dim. The lids are swollen, red and agglutinated, a sensational pressure like sand in the internal canthus is noticed, and a good deal of lachrymation—a sticking pain in the right eyeball, which was compared to a red-hot needle darting through it, was noticed by Wahl.

Here again the symptoms are chiefly such as are met with in rheumatic subjects. Drs. Allen and Norton* state that they have seen benefit derived from the use of *Rhododendron* in insufficiency of the internal recti muscles. One case reported by them is very characteristic of the form of ophthalmia which will be relieved by *Rhododendron*. It is as follows: "A man æt. 40 complained of a gradual failure of sight, accompanied by periodically recurring pains of the most violent character involving the eyeball, extending to the orbit and head, always worse at the approach of a storm, and ameliorated when the storm broke out. The patient had a strongly marked rheumatic diathesis, and general good health. The pupils were somewhat sluggish and dilated. Vision was improved by glasses. The ability to use the eye was greatly relieved by convex 36, and afterwards by convex 24, but the attacks of pain continued to recur, and his vision suffered sensible impairment from every attack of pain. These were promptly relieved by *Rhododendron*, so that within six months he was entirely relieved of the attacks, and his vision also materially improved."

* "Ophthalmic Therapeutics." New York: Boericke and Tafel.

Again, the presence of a state of catarrh is shown by the nasal symptoms. Here we find violent sneezing with fluent coryza; in other cases the nose feels stopped. Henke describes his symptoms "the stoppage of the left half of the nose, near the root, worse in the morning before rising; during the day the stoppage of the left nostril alternates with that of the right, but the nose was never closed completely." The same symptom was observed several times by other provers. Further, the sense of smell is diminished, as is also that of taste.

The influence of cold is seen yet again in the mouth. Toothache is an especially prominent symptom. Pains are felt in all the teeth at once or in single teeth, especially during damp weather, and before a storm. Helbig, who took fairly considerable doses of the tincture, observed that the approach of a thunderstorm, or of cloudy and windy weather, was always preceded by a pain partaking of the character of drawing and aching in the teeth; the thunderstorm set in in one or two, and the cloudy and rainy weather in several hours after the toothache; the pain generally commenced in the ear. On another occasion Helbig had pain in the left lower jaw and teeth, accompanied by otalgia during the whole night; the right side of the head was affected in a similar manner, but less violently; pressure seemed now to relieve, now to increase the pain; the warmth of the bed had no influence upon it.

The toothache relieved by *Rhododendron* is one also that is mitigated for a time by taking food.

The late Dr. Hirschel, of Dresden, in the *Neue Zeitsch. f. Hom. Klinik*, gives the following case, which illustrates the action of *Rhododendron* in toothache. I quote it from a translation given in the *British Journal of Homœopathy*, vol. xxvii. p. 149:

"Baron H—, a Hungarian nobleman, had suffered for a long time from faceache of the most violent description. It spread over the right side of the face from the teeth, and especially the gums, and radiated over mouth, eyes and ears; was equally violent day and night, when moving or when at rest, aggravated by wind and changes of weather, ameliorated by warmth. The pains were of the following kind: drawing, tearing, jerking. It was remarkable that the pain quite went off for some time when eating and soon afterwards. There were no other complications. The patient was slender, delicately framed, of sensitive constitution, otherwise healthy. He had formerly frequently suffered from similar pains in spring and autumn, but never of such violence nor so long continued as this winter (February), when he put himself under my care. He had long been under the care of an excellent homœopathic doctor in Vienna, but had derived no benefit. As he had several carious teeth, and his evidently rheumatic neuralgia was ascribed to their presence, he had had them extracted, but without any good effect; and so he came here with the same pains he had suffered from in Vienna. I remembered an observation of Dr. von Villers with respect to this remedy to the following effect: '*Rhod. crys.* is useful in toothaches caused by a chill which bear heat better than cold, especially when the pains go off suddenly and completely when eating, and recur two or three hours thereafter.' My patient's pain, which was located more in the face than the teeth, had nothing pointing to *Rhododendron* except this characteristic condition. I immediately prescribed the 1st dec. dil., two drops night and morning. After the first dose he had a quiet night (the first for many weeks), and the third day of using the

medicine all pain was gone. In Noack and Trinks we find, under *Rhododendron*, the following symptom: "Violent drawing pain in the teeth and lower jaw of the right side removed by eating."

To recur, the gums ache and are swollen, the tongue has a greenish coating, and there is a prickling sensation in it. The cavity of the mouth is hot and dry. The secretion of saliva is sour and increased in amount. Taste is lost—all things taste alike—or it is perverted and is sour or putrid. The throat is rough and dry, and a sense of scraping pervades the fauces, with burning and tightness therein. Appetite is diminished; thirst is increased. Empty eructations are frequent; nausea is considerable. From large doses vomiting ensues; there is some dull aching pain in the epigastrium, and still more marked is pressure in the same region. Flatulence distends the abdomen; pinching pain in the abdomen is followed by a slight diarrhœa. The character of the diarrhœa produced by *Rhododendron* is worth remembering. The stool is loose and yellowish, but sluggish, and expelled with much pressing, and is felt to be insufficient; there is a sensation as if some fæces remained behind. There is a degree of spasm in the rectum, as if flatus had become incarcerated, which appears to necessitate pressure to evacuate fæces even though they are loose.

These symptoms all reflect a catarrhal state of the mucous membrane of the mouth, stomach and intestines. It is indeed comparatively slight, but is nevertheless clearly marked, and you will meet with catarrhal dyspepsia and diarrhœa, to which *Rhododendron* corresponds. A dyspepsia of which atony is the characteristic feature; and a diarrhœa set up markedly by wet weather.

This catarrhal state, this impressionability to the influence of atmospheric disturbance, is still more pronounced in the rheumatic-like pains which pervade the muscles of the chest, back and extremities.

The muscles of the chest feel bruised and sprained, and become very sensitive to pressure. The neck is stiff; the muscles of the outer side thereof feel tight and swollen. The back, shoulders and arms are painful early in the morning when rising, the pain is digging and drawing, disturbs sleep, and is accompanied by a bruised pain throughout the body. The pain below the scapulæ is stiff, aching, and hinders motion. The lumbar region aches, the aching being worse when resting and relieved by movement. There is a well-marked bruised sensation in the small of the back, which is increased by sitting or resting, is rendered intolerable by stooping, and was noticed to be especially violent during rainy weather.

The arms are weak and tremulous. The whole of the right arm is painful—it gives the sensation of dislocation, of powerlessness, rendering holding anything difficult. The right shoulder-joint is the seat of tearing pains, especially felt during the night and in the early morning. In one instance a violent tearing burning pain was noticed in the left shoulder-joint with falling asleep of the arm, and with a pricking sensation in the tips of fingers. Aching pains, as after much exertion, occupy the upper arm. Both elbow-joints are the seats of drawing and tearing pain; a similar pain is felt in the forearm, chiefly noticed at night. In the wrists and joints of the fingers the rheumatic-like pains of *Rhododendron* are more marked than they are in any other part. The pain in the wrist is described as resembling that of a sprain, it is increased by movement in nearly all instances; in

only two cases, of the many recorded, where this kind of pain was noticed, is it stated to have been felt only when at rest. The influence of rough and wet weather is also observed here as aggravating it. The wrist and hand feel weak and weary, and there is some puffiness of the fingers. In the metacarpal joints there are darting and jerking pains; the fingers are moved with difficulty and pain. The lower limbs are weak, heavy and tremulous. The hip-joint feels bruised and sprained. In the morning the thighs ache and feel unrefreshed. The knees feel weak. Pain in them also resembles that of a sprain. Pain in the tibiæ is described as boring and heating. The malleoli are painful, especially the malleolus externus. The tarsal and metatarsal joints are also painful. There is a sense of of tingling and numbness in the feet.

These cases all suggest that *Rhododendron* sets up a condition similar to that of rheumatism or rheumatic gout. Let me briefly mention the characteristic features of the cases to which it will be found homœopathic. *First* of all, there is throughout a tendency to aggravation by a rough, moist atmosphere. *Secondly*, the pains are bruised-like, or resemble sprains. *Thirdly*, there is an exhaustion of nerve-power, as seen in the tremulousness of the extremities, the numbness, weakness, and semi-paralyzed condition they present.

Then again the lumbago is worse after sitting or lying down, and is particularly felt in the morning.

Further, while there is a great deal of bruised-like pain in the muscles, the joints are much more affected, and of all joints, the shoulders, the wrist, and the hip are those which are most painful. Finally, the bones of the leg are particularly painful, and hence *Rhododendron* has been a good

deal used in periosteal rheumatism, and with success.

Such conditions as those given will frequently be met with in cases of sub-acute rheumatic arthritis.

Lastly, *Rhododendron* produces a condition resembling orchitis and epididymitis. This was especially marked in the provings instituted by Dr. Seidel. The swelling was great and painful, and lasted for several days; there was also great tenderness to the touch. The pain was like that of a bruise, and was felt first in one then in the other testicle. The pain extended upwards through the abdomen to the stomach. It is worthy of note, too, that one person, who had for several years suffered from chronic orchitis, was completely cured by his experiments.

The pure tincture and the 1st and 2nd dec. dilutions are the preparations which have been most generally useful.

The pain extended upwards through the abdomen to the stomach.
—*Hom. World.*

CHRONIC ULCER CURED BY KALI BICH. 3.

BY

REGINALD JONES, M. D.

London, Eng.

John R.—, a stoker on a large steamer, consulted me on the 6th February, suffering from a very painful ulcer on the inside of the right leg. The history was as follows:—It began ten years ago close to the inner malleolus, and since then has gradually been extending upwards, until the day on which I first saw him, in spite of treatment of various kinds both here and in New York. When I first saw it it was about eight inches

long, and two inches and three-quarters wide at its upper part. In parts, however, the width would not exceed an inch and a half. Its direction was diagonally upwards. The edges were callous, and to a certain extent overhanging, the base dark red and unhealthy-looking; the depth about three-sixteenths of an inch, perhaps a quarter of an inch; the discharge a dirty grey color and thick; the pain burning, stinging, worse on walking about; patient complained of it being very severe. I could not get any specific history, and there was nothing to point to varicosis as the origin. The patient is a strong, healthy-looking man, and not an intemperate liver by any means. Taking everything into consideration—viz., the overhanging edges, the burning pain, and the possibility, at any rate, of its being specific, I prescribed *Kali Bic.* 3, two pilules every four hours, and also ordered him to apply a lotion consisting of ten drops of *Kali Bic.* 3 to one-half a tumblerful of water three or four times a day.

February 14.—Ulcer much better, granulations of a healthy character forming. Pain very much less. Rep.

The patient did not call again till the 4th April, when he put in an appearance to inform me that he had been going on steadily with the treatment, and was now quite well, and had been so for three weeks. I examined the part, and had the pleasure of being assisted in my investigation by an allopathic surgeon, who went away, if not a sadder, at least a wiser man. The ulcer had entirely disappeared. What I want specially to call attention to is this—that I made no alterations in the man's mode of living. He continued work as formerly, and although he applied the lotion made with the *millionth* of a

grain of *Kali Bic.*, yet no one can raise the objection that it was the *water-dressing*, and not the contained *Kali Bic.*, that did the trick, because the patient had used water-dressings for years. And if our allopathic friends account for the cure on the plea that the man was not taking *any* medicine, and therefore it was the *vis medicatrix* that did the work (and this is an argument often used—this, or “Oh, it was the crisis”)—then the plain inference is that the drugs given to this poor fellow by the practitioners of *scientific medicine* positively prevented his getting well, and kept him for years in pain.

Here is another nut for allopathic cracking, a mere filbert.

Agnes B—, aged twelve years: ganglion of right wrist of two years' standing. Had been under treatment for a length of time—*she* said at the Borough Hospital. Perhaps so.

August, 12, 1878.—*Bryonia* 3 ter die.

August 19.—No change. Prescribed *Ruta* 3, pilules, two every four hours.

August 26.—Ganglion complete disappeared, not a trace of it left. S. L.

And yet another, rather more than a filbert this time. I was called in on the 14th February to see Miss M—, aged sixty years, who was suffering from a swelling in left antihelix, large, smooth, and elastic, also swelling of left foot. I simply prescribed *Arsenicum* 3, as she seemed in a low condition, and punctured the tumor, leaving word to send down if patient was any worse. On 21st February I was again sent for, and found the ear better, but the left foot was much swollen, painful and dark red, three of the toes suppurating (the little one very bad) and the two remaining ones threatening suppura-

tion. Patient seemed very low, so I ordered her to bed, hot linseed poultices to be applied every four hours, plenty of nourishment, *Secale C.* 3x gtt. v. every three hours, and *China* tinct. gtt. v. om. n., and as I felt sure I had a case of senile gangrene to combat I gave a very guarded prognosis.

The following was the line of treatment:—February 23. Not so well. Rept. 24th. Foot very deep red, toes almost black. *Rhus* 3x, *Secale* 3x, gtt. v. every hour and a half. Rep. *China* tinct. om. n. Poultice as before. 27th. Little toe almost off, foot not so red, very offensive coffee-ground discharge. Apply warm carbolic lotion 1 in 40, and rept. *Rhus* and *Secale* 3x and *China* om. n. To have a bottle of porter every day. 28th. Improving, but yet the toes are very bad, little one gone, the others appear to be going. Rept. March 1. Improved, discharge less, toes cleaner, appetite good; *Secale* (solus) 3x, gtt. v., *China* tinct. as before. 4th. Very great improvement, redness all gone from foot, toes much healthier looking. Rept. 7th. Great improvement, stump of little toe almost healed, the others look much better. To dress with Ol. Carbol. 1 in 40. Rept. *Secale* and *China*. From this time until the 27th March, when she had quite recovered, the progress was most satisfactory, and the treatment as already recorded, and thus what at one time threatened to be a most dangerous, if not fatal case of senile gangrene, gave way to the beneficent treatment of Homœopathy.

Hamilton Square, Birkenhead, March, 1882.—*Ibid.*

TONSILLITIS.

BY

C. RANSFORD, M.D., F.R.C.P., L.R.C.S.

A communication from Dr. F. P. Atkinson, M.D., appears in the *Lancet* of the 18th ult. It is called "*Salicylate of Soda* in the Treatment of Acute Tonsillitis," and is a critique on Dr. Routh's treatment of the same disease. Dr. Atkinson's treatment may have been successful, and no doubt was so, but it is a troublesome treatment. It so happens that a servant of my own was attacked with quinsy in 1851. *Aconite* and *Baryta Carb.* cured her in twelve hours. This was one of the cases which helped on my conversion to Homœopathy in 1857.

At a meeting of the Homœopathic Association of Western Germany, held at Dortmund on the 29th July, 1852, under the presidency of Dr. von Bönninghausen, Dr. Stens thought *Baryta Carb.* an excellent remedy. My servant, whose case I have narrated, was usually laid up for a week. To her surprise and joy, twelve hours was the duration under *Baryta Carb.* and *Aconite*. On the 26th of August, 1851, I was called to a young lady in the country who was suffering in the ordinary way. As there was profuse secretion of saliva and the lining membrane most extensively affected, I ordered *Belladonna* and *Mercurius* every hour alternately. The following morning a messenger came early for me, requesting immediate attendance, as her friends feared suffocation. I found her unable to swallow; liquids taken into the mouth were ejected through the nostrils. I gave *Baryta* 12 alone; relief was afforded within 12 hours. In January, 1853, a young female servant in a family who were my patients complained of the usual symptoms of quinsy, at the same

time comforting her mistress with the information that she was subject to this kind of sore throat, and that once she was ill for six weeks with it. I was asked to prescribe for her, and gave her *Baryta Carb.* 12 every four hours. She was at her work next day. The last instance, amongst others, of the efficacy of *Baryta Carb.* in tonsillitis with which I shall trouble you is more important, inasmuch as the subject of it was under the care of an allopathic surgeon, but his father, so soon as he heard of his son's illness, requested that I might be substituted for a gentleman first called. The case was one of the ordinary description, threatening suppuration. The patient's distress was considerable, being unable to swallow even liquids without difficulty. He had supped upon *Hydrarg. c. Creta*, and would have had a black draught for breakfast had I not been called in. From circumstances connected with the household I gave the friends a homily upon the superiority of homœopathic treatment, produced my tube of *Baryta Carb.*, and ventured to predict a speedy favorable result from its administration. The next day my patient thanked me warmly for the change in his state, expressing his astonishment at the benefit produced by such apparently insignificant means. I requested him to inform the surgeon of the name of the medicine which I used. I afterwards learned that he had done so but the response was *that they had medicines enough already, and did not want any new ones*, my rejoinder to which sage remark was that he (the surgeon) ought to use the rail, and not travel by the stage wagon. Such cases as the foregoing, being simply patent to all observers, tend to produce a powerful impression upon both patient and bystanders, and I often smile at the indignation expressed by grateful pa-

tients when they contrast the two systems, and the results more than compensate for the pretty names which our amiable and faultless opponents so liberally bestow upon us. If your readers will refer to Dr. Richard Hughes's excellent work on Pharmacodynamics, they will see under the head of *Baryta Carbonica* his own decidedly favorable opinion of this invaluable remedy. Just a word upon the 12th dilution—why I constantly recommend this 12th dilution of *Baryta*. In 1851, when I began to study and practice Homœopathy, I wrote to the late Mr. Henry Turner, of Manchester, for medicines and books. In the case of globules which he sent to me I found a tube labelled "*Baryta Carb. 12.*" With this I had the successful results narrated. Afterwards I requested him to send me *Baryta Carb. trit. 3.* With this results were simply *nil*.

Studying attentively the important question of dilution, I arrived at the conclusion—that all the less soluble preparations, especially the mineral ones, require more trituration and more dilution than others. This opinion I still hold, and am perfectly sure that dynamization is correct else why should *Natrum Muriat.* have such powerful effects as it undoubtedly has, whilst the same table-salt is inert?*

The whole question of dilution and dynamization is one to be settled by experience, and experience alone.—*Ibid.*

A FEARFUL FALL.

BY
DR. USHER.

Mrs. M——, who next June, if she lives so long, will be eighty-three, had recovered from the gout, though

still having a painful hand, and was able to go her usual round of the house. She thought that giddiness seized and caused her to fall down stairs. Her head came in contact with the sharp edge of a mahogany seat, cutting the scalp clean through from front to back, as thoroughly down to the pericranial investment as a knife could have done. She bled much. Fortunately one of our local medical men was passing, and he came in, bound her up, and got her upstairs, where I found another doctor stitching her scalp. The loss of blood caused her to wander in her mind, but it may have saved her a fit, as she is of a large full-blooded habit. Cold water was kept to the wound, and the upright condition maintained. The face and mouth were also cut by the fall. Both the doctors thought she would die, and the prospect was not a very bright one for so aged a patient, with fatty heart, bronchitis, gout, double cataract; her pulse was failing, and she had brandy-and-water on the spot—most wisely too. I then gave her *China* 3x every hour from about noon to seven or eight o'clock. Her face was horribly blackened, but at my next visit in a few hours she was calm.

It was no pleasing addition to the prospect that she had on former occasions had erysipelas. Putting all these things together, I gave *Bellad.* and *Arnica* 3x each every alternate three hours, beginning at 7 p. m. She had an excellent night. A lotion of *Calendula* healed the wound splendidly, and the stitches were removed on the third morning. It is worth being a homœopath with any amount of scorn when such remedies give you a triumph in five days. The wound is firm, and there is no uneasiness save a stiffness of the neck, and cough, with some loose rales, for which

**Vide* Dr. Burnett's important communication on *Natrum Muriat.*

Arnica 3x and *Bry.* 3x in alternation every four hours are given. Her pulse is getting fairly up, and she takes nourishment. Although the lotion is discontinued, a soft padding of lint, and a head bandage to restrain any disturbance of parts, are applied.

The soothing nature of her remedies left nothing to be desired, and her sleep was as satisfying and tranquil under *Bell.* 3x as if an opiate was given. In the torpid congestions of old people as well as in vertigo, *Arnica* in the 3x has rendered me good service again and again; and of this fact I am sure, that *Arnica* 3x is bearable to myself, but *Arnica* 12 gives me a violent headache, relieved only by olfaction of the camphor bottle. We can well see how *Arnica* could comfort the old lady after such a muscular strain as she must have had. She always carries a good medicine about with her—the happiest of tempers, and to all who wait on her the act is one of pleasure. She is no stranger to falls, for twenty years back she made a similar descent of a staircase, and bears the mark of it to this day. Her cough has been troublesome, and she is a little feverish, not having slept so well. Continue *Bry.* 3x alone. The thought forces itself upon me, Was the loss of blood of service to this lady? Dr. Kidd states in his book that certain cases would have perished without immediate use of the lancet, and it is plain that he does not look upon *Aconite* as taking its place. I was lately in communication with an allopathic gentleman of large experience in connection with one of our best and oldest insurance offices. The conversation turned on the utility of bleeding, his view according with Dr. Kidd's regarding apoplectic seizures. He had seen them fall down as if shot, and recover at once after bleeding. Does the temporary withdrawal of blood, say to six

or seven ounces, prevent extravasation of blood, or limit a rent once made? The question is one that might be opened up with advantage. In the course of twenty-four years it has fallen to my lot to draw blood three times with benefit. This was in allopathic days, but the force of the sequel is still fresh to me. No. 1. Acute scarlet fever, with mania. He had taken James's Powder with no benefit, until blood was drawn; then he perspired, slept, and convalesced. This patient had suffered fracture of the orbital bones years before from a horse-kick, and is now for all I know the respected station-master at Canterbury. No. 2. A patient called me up at night; he was standing at his cottage door, vomiting up frothy sputa. I brought him indoors, and as he sat on the sofa he exclaimed, "My sight is going." I bled him a few ounces, and in less than half an hour his sight returned, and the expectoration subsided to a mere nothing; here there was evident relief to lung pressure, for the breath had quieted and the secretion ceased. He lived a year or more, and found elsewhere that the sons of Zeruiah were "too strong for him." No. 3. Convulsive during a breech labor (with a child over 14lb. weight); a withdrawal of blood caused the convulsions to cease, and the labor terminated with the birth of a dead child as large as many at eighteen months old.

April 6th.—One week since the old lady met her fall; she is doing well, and taking *Phosph.* 2x for her fatty heart, and to-day, the 8th, with manifest improvement.

RHODODENDRON CHRYS.—Miss A. Pain began in the temple, and seemed to go down the jaw to the chin; it was

a very sharp, acute pain, and would go from one temple to the other, worse by moving about and even speaking, also from any cold application. *ix pilules* promptly relieved.

I have given it with benefit to nervous persons afraid of storms, especially thunder; orchitis *of left side*, swelling large, smooth, hard, old-standing, rapidly cured. This case was preceded by hydrocele, which was a recent addition and was first cured by same remedy in *ix pilules*.
—DR. USSHER.

THE ADVANTAGES OF HOMŒOPATHY IN THE TREATMENT OF THE INSANE.

BY

SELDON H. TALCOTT, M.D.,

Middletown, N. Y.

We propose in this paper to briefly portray, in as plain and practical a manner as possible, the advantages to be gained by homœopathic medication of those who suffer with mental aberration.

To begin with, we will illustrate by presenting a condensed synopsis of results already attained at the only homœopathic asylum under state patronage in this country,—we mean the one located at Middletown, N. Y. This institution was opened for the admission of patients in June, 1874. It is, therefore, in the eighth year of its existence and active usefulness. There have been treated at this asylum about eleven hundred patients; nearly nine hundred of these have been discharged, and the remainder—somewhat over two hundred—are now under treatment. Of those discharged, over forty-five per cent. were fully restored to mental health. The

death rate at this asylum has varied from seven to four per cent. During the past four years the death rate has averaged a little more than four and one half per cent.

Now, in considering the very favorable results, it is well to remember that the asylum is located but sixty-six miles from New York city, in one of the oldest and most populous sections of the United States. The material, therefore, which it necessarily receives is not the best or most favorable for the purpose of effecting recoveries. In more recently settled States, where the population is yet vigorous, and where inmates of asylums share, to a considerable extent, the general vigor of the masses, there are larger opportunities for successful treatment of the insane than in those commonwealths which are burdened with a certain amount of aged, effete, and decaying humanity.

Again, the managers of the Homœopathic Asylum at Middletown have often been requested (and these requests have been complied with) to admit to its wards, for treatment, patients who have for years been inmates of other asylums. This has been done (to the evident detriment of the asylum's curative records) for the purpose of accommodating those anxious friends of the insane who were clutching eagerly at the last straw of uncertain hope. It is but justice, therefore, to the Homœopathic Asylum while considering its already notable achievements, to state also some of the disadvantages against which it has worked. But in spite of the fact that numerous cases, hopeless from the very outset, have been admitted to its wards, the triumphs achieved by the Homœopathic Asylum at Middletown have been such as to warrant the establishment and equipment of a similar asylum for the insane in every State of the Union

Not only would the cures wrought in such asylums compensate for their erection, but the competition thus excited would stimulate the managers of other asylums to better work and more scrupulous care; and thus the general effects upon all institutions for the insane would be beneficial in the extreme.

But let us proceed to an enumeration of the particular advantages that may be derived from the homœopathic treatment of the insane.

First. We believe that this method of treatment is safer, as well as more curative, than any other. Every physician knows the possible dangers which may arise from the administration of drugs in overpowering doses. This danger is peculiarly apt to occur in the treatment of the insane; and especially where the effort is made to subdue a disturbed patient by the use of large quantities of sleep-compelling medicines. To overcome the mental excitement of a case of acute mania by such means is a procedure that invites most unwelcome risks. Powerful medication may not only "quiet the patient," but it may likewise arrest or pervert the functions of the brain to an extent far exceeding the disastrous influences of the disease which the physician is endeavoring to combat; and thus the new pathological changes induced by the drug may prove greater obstacles to recovery than the original malady. From a careful study of their histories we are forced to the opinion that many patients have been hurried into dementia by the unwise use of subduing sedatives, who might, under milder medication, have been permanently and safely restored to physical and mental health.

Moreover, when a patient is placed under the benumbing influences of such remedies as hydrate of chloral, or the bromides, it is impossible after

that to detect with accuracy the actual condition, progress, and severity of the disease which one is attempting to treat. The work of curing the sick in such cases has degenerated to a game of blind-man's-buff. The physician's eyes are bandaged, as it were, by his own hands, and, thus equipped for battle with disease, he blindly and vainly attempts to catch a cure. But too often, alas! for the patient, the Fates do not favor him.

Secondly. Patients who recover under homœopathic treatment are less liable to relapse than those who are supposed to recover under massive dosage. Nor do they suffer from the after-effects of extensive medication. We have no such camp followers or disabled veterans as "chloral drunkards," or "victims of the opium habit"; nor are our patients, once freed from the thralldom of disease, henceforth pursued by that Kakus band of brain-robbers—"the bromides."

Those who recover from their insanity by the use of homœopathic medicines regain their normal mental status gradually, but steadily and surely; and they leave the asylum with their systems unvitiated by huge potions of destructive poisons. Drug danger to the human system can hardly be overestimated. For evidence of this fact witness the vast, weary army of those who will suffer to the end of life from mercury and opium from chloral and bromide of potash. These drugs are like fire and water, useful and obedient servants when carefully and economically applied, but most dangerous elements when turned loose *en masse* to wreak their destroying powers within the temples of helpless unfortunates.

Thirdly. Upon the score of economy, we may urge the establishment of homœopathic asylums and hospitals for the treatment of the insane

and sick. During the year 1876, while the institution was under my charge, there were treated at the Homœopathic Hospital on Ward's Island, N. Y., 3,077 cases, at an average yearly cost for drugs and liquors, of fifty-three cents for each patient. At Charity Hospital on Blackwell's Island—an institution under old-school management—there were treated 8,621 cases, at any average cost, for drugs and liquors, of \$1.53 for each patient. The saving to the city of New York, in this instance, had homœopathic treatment of these patients been substituted for the "regular" methods, would have been \$8,621,—a sum large enough to purchase over one thousands barrels of flour.

The death rate during that year at the Homœopathic Hospital was six and one-tenth per cent. The mortality at Charity Hospital during the same year was eight and one-eighth per cent. So it seems that in this instance, at least, the greater the amount of drugs used the larger the death rate became.

Fourthly. We claim that under homœopathic treatment the beneficial effects of good diet, of employment, of amusement, and of all measures essential to speedy and sure restoration of the insane are more favorably manifested than under a system of practice where the forces of nature are disturbed and overpowered by the use of unnecessary quantities of deleterious drugs. The stomach that is superfreighted with medicine cannot receive and digest with its customary readiness and power the food which is necessary to recuperate a body that is worn and enfeebled by disease. A brain stupefied with narcotics cannot perform even simple tasks or engage in light amusements with that zest, enjoyment, and benefit characteristic of a brain uninfluenced by such abhorrent forces.

Fifthly. The administration of the laws of kindness is most readily accomplished in an institution where benign medication prevails. The patient whose faculties are uncanceled by the obliterating juice of the poppy, or unburdened by the effects of strange compounds from the pharmacy, is one who most readily appreciates the efforts made for his restoration by those around him. Though suffering from the cankering curse of disease, he is yet free from the more aggravating stupor of drugs; and in many instances he enjoys most heartily his freedom from obfuscating medicine, as well as his privileges in other directions.

Sixthly. In an asylum where homœopathic treatment prevails, the patients are but little inclined to delusions of poisoning; and if such delusions do arise in the minds of the insane, they are more quickly dispelled under mild than under heroic medication. To allay, by gentle measures, the fears of the insane that they are being killed or tortured by poison, is one of the happiest achievements of the earnest and philanthropic alienist.

Seventhly. Where mild medicines, in palatable and attractive form, are given the insane, there is usually no disgust excited in their minds; nor is hatred engendered in their hearts against their attendants. Hence little or no *force* is required in their administration. And to avoid a necessity for restraint, in the treatment of the insane, is to keep pace with the requirements of our times.

We have presented a few of the reasons why we believe homœopathic treatment for the insane to be the best that is known; and we trust that these reasons will receive the thoughtful consideration of those who read them.—*New England Med. Gaz.*

URINARY CALCULI IN THE FEMALE

A CLINICAL LECTURE BY

WM. GOODELL, M. D.,

Of Philadelphia.

GENTLEMEN : The first case which I bring before you to-day is one of stone in the bladder. I intended operating last Saturday, but her catamenia inopportunely came on. Now, it is always a good rule to adopt not to perform any operation on the pelvic organs just before, or during the monthly flux, for there is a greater vulnerability at that time than during the intermenstrual period.

Stone in the bladder is of rare occurrence in women, because as I said to my class yesterday, in the didactic course, calculi easily escape through the female urethra, owing to its comparative shortness and large bore. As a rule, stones found in the female bladder are not formed in the kidney. All such calculi, after escaping from the ureter, are generally swept out at the next micturition. The stones that you will find are generally foreign bodies, which have been introduced from prurient motives, and have afterward become encrusted with urine salts. The nucleus is very often a hair-pin, or perhaps a slate-pencil which has been passed into the urethra, and has slipped away from the fingers.

This is an exceedingly interesting case, because the history points to the fact that the stone has had for its nucleus some foreign body. The woman, some five or six years ago, had a labor followed by pelvic cellulitis; there has probably been an abscess, which opened away of communication between the rectum and the bladder. That is the only way in which I can account for some symptoms presented in the case. The patient passes from her bladder, gas with a characteristic fecal smell, and not

only this but tomato and pear seeds, and occasionally fecal matter. Around these foreign particles calculi may readily form. There is also in this case the usual history of severe cystitis, there being great frequency and distress in making water. Sometimes she passes blood and pus, and often she is fairly doubled up with urinary tenesmus.

I have introduced the uterine probe into the bladder; there is a very audible click as the instrument comes in contact with some foreign body. Those of you who are near by can hear it. There would be a louder sound if I had used a larger instrument. Dr. McCall, the attendant physician, has also obtained the same sound, and on that account has sent her to me. As I strike the stone it has a queer metallic feel, as if it were either a very hard stone, or a piece of metal.

How shall we remove it? Shall we, as gynæcologists, crush that stone, or shall we endeavor to remove it through the urethra? The rule to guide us is this: If the stone be larger than the girth of the index finger, do not attempt to remove it through the urethra; an incurable incontinence of urine will be likely to follow if you try to remove too large a stone in this way; in such a case it is far better to cut for it. If, however, the stone be of moderate dimensions, you can dilate the urethra to the size of your index finger, and remove it with a delicate pair of forceps. The operation of vaginal lithotomy is so easy, and such a safe one, that, in the majority of cases, it would be better to resort to it than to attempt to crush. If you feel that you have the requisite skill to attempt this operation, very well. But it is a difficult matter if the stone be very hard, or of large size. Let me estimate its size and determine its form with my finger.

I take this uterine dilator, which serves so many good purposes, and pass it into the urethra. These bladders with cystitis are dreadfully, dreadfully sensitive. It gives as much pain to touch them as it would to pinch an exposed nerve. If we decide to cut in this case, how shall we proceed to the operation? We should first pass a sharply curved sound into the bladder, and push down the base of that organ at a point just beyond its neck; then with a pair of scissors, a hole is cut through the anterior wall of the vagina, into the bladder, upon the tip of the sound. The hole should be made directly in the median line, and, with the scissors, the incision is to be carried directly upward toward the cervix uteri. By following this course we shall avoid any injury to the neck of the bladder or the ureters. After removing the stone, the edges of the wound are brought together with silver sutures, and treated in precisely the same manner as after the operation for vesico-vaginal fistula. In cases complicated with cystitis, as in the present instance, it is better to keep the incision open for a time, until the irritation caused by the foreign body has been relieved.

A few years ago a very interesting case was brought to me for operation. The subject was a hysterical girl, who for a long period could not pass her water, the physician in attendance being compelled to use a catheter several times a day. The silver catheter finally became worn out, and on one occasion, while in the bladder, a piece broke off; it could not be removed through the urethra, and the physician, very properly, decided to cut. In doing the operation, however, he cut the neck of the bladder, and subsequently found that he could not close up the wound. He then brought her to me, and I did the

ordinary operation for vesico-vaginal fistula, but her health was very poor at the time, and every stitch cut out. I sent her home, put her on iron and good food, and after her strength returned I repeated the operation, with entire success.

While talking with you I have been slowly stretching open the urethra. The dilatation must be slow to do no harm. I now coax in my little finger, which has been well oiled. We have here an unusually small urethra, and it is extremely difficult to make any progress. In fact, Dr. McCall says that the urethra was so small that he could hardly get a probe in. He had been gradually dilating it for several days before bringing the patient here. I was looking at the little rubber bags which we use in labor cases to dilate the cervix, to see if any of them could be introduced into the urethra, but they are too large.

This woman's urethra is so unyielding that the pressure on my little finger makes it numb; but I finally reach the neck of the bladder. I have never had such difficulty in getting into the bladder before. I can just touch the stone; in fact, I think there are two of them. I now introduce my index finger slowly, and, by placing a finger of my other hand in the vagina, I lift up the whole floor and fundus of the bladder. I can readily outline two stones. I feel them perfectly; the smallest stones will rarely escape detection by this double manipulation. Should an operation through this vaginal wall be needed, we have very much less important structures to cut than in doing lithotomy in the male. I can feel how large this stone is, and I shall try to grasp it in its shortest diameter. I introduce these fenestrated forceps. You see I am getting it out precisely as I deliver a head in labor. You can all see it now emerging from the

urethra. Let me see if, in extracting the stone, I have done any mischief here. There seems to be only a little bleeding from the upper margin of the meatus. Now I shall go for the other stone. Let me see if I can catch it endwise. It is very plainly much smaller than the first one. These are very pretty stones, very smooth and very hard ones. I shall put them on a plate, and pass them around for your inspection. We must now see if there are any blood-clots remaining in the bladder. If there are they must be washed out. I shall now pass the sound gently here and there in the bladder, to find, if possible, the fistulous opening which must exist, but I do not succeed in hitting it, and it will not be wise to worry the bladder by a prolonged examination.

How shall we relieve this woman of cystitis? It will undoubtedly be relieved, not only by the removal of the calculi, but by the overstretching of the walls of the urethra. The latter is one of the best means we possess for relieving this most distressing affection.

As the mucous lining of the bladder has undoubtedly been irritated by the means resorted to for removing the stones, I shall give this woman a mixture containing belladonna, soda and sweet spirits of nitre, and shall also prescribe a rectal suppository containing one grain of the aqueous extract of opium, to be used at bedtime. She will come to see us occasionally, and we shall keep her under observation until she is well.—*Medical Record.*

HOMŒOPATHY VERSUS ALLOPATHY IN THE DENVER ALMSHOUSE.—The annual report of Dr. Ambrose S. Everett, County Physician of Arapahoe County, Colorado, presents

quite a number of interesting and instructive facts and figures. The following recapitulation compares the nine months of 1881, when the hospital was under homœopathic management, with the corresponding months of 1880, when the hospital was under allopathic control.

	1880	1881
Number on hand, January 1st....	49	82
Number admitted.....	562	649
Number discharged.....	463	586
Number born.....	5	8
Number died.....	76	53
Number remaining.....	77	100
Average daily attendance.....	60	72
Number of jail and outside patients.....	161	235
Total number treated.....	777	974
Mortality rate at hospital, with the number discharged as a basis...	.14	.08
Cost of drugs and surgical supplies in hospital.....	\$1383 16	\$780 71
Hospital druggist's salary.....	450 00	0 00
Cost of prescriptions for jail and outside patients.....	241 27	0 00
Total cost of drugs and surgical supplies, and druggist's salary,	2074 43	780 71
Cost per patient from the above figures.....	2 66	80

THE USE OF AMMONIA IN BAKING POWDERS AND ITS IMPORTANCE AS A CULINARY AGENT.

The recent discoveries in science and chemistry are fast revolutionizing our daily domestic economies. Old methods are giving way to the light of modern investigation, and the habits and methods of our fathers and mothers are stepping down and out, to be succeeded by the new ideas, with marvelous rapidity. In no department of science, however, have more rapid strides been made than in its relations to the preparation and preservation of human food. Scientists, having discovered how to traverse space, furnish heat and beat time itself, by the application of natural forces, and to do a hundred other things promotive of the comfort and happiness of human kind, are naturally turning their attention to

the development of other agencies and powers that shall add to the years during which man may enjoy the blessings set before him.

Among the recent discoveries in this direction none is more important than the uses to which common ammonia can be properly put as a leavening agent, and which indicates that this familiar salt is hereafter to perform an active part in the preparation of our daily food.

The carbonate of ammonia is an exceedingly volatile substance. Place a small portion of it upon a knife and hold over a flame, and it will almost immediately be entirely developed into gas and pass off into the air. The gas thus formed is a simple composition of nitrogen and hydrogen. No residue is left from the ammonia. This gives it its superiority as a leavening power over soda and cream of tartar when used alone, and has induced its use as a supplement to these articles. A small quantity of ammonia in the dough is effective in producing bread that will be lighter, sweeter, and more wholesome than that risen by any other leavening agent. When it is acted upon by the heat of baking the leavening gas that raises the dough is liberated. In this act it uses itself up, as it were; the ammonia is entirely diffused, leaving no trace or residuum whatever. The light, fluffy, flaky appearance, so desirable in biscuits, etc., and so sought after by professional cooks, is said to be imparted to them only by the use of this agent.

The bakers and baking powder manufacturers producing the finest goods have been quick to avail themselves of this useful discovery, and the hand-somest and best bread and cake are now largely risen by the aid of ammonia, combined of course with other leavening material.

Ammonia is one of the best known products of the laboratory. If, as

seems to be justly claimed for it, the application of its properties to the purposes of cooking results in giving us lighter and more wholesome bread, biscuit, and cake, it will prove a boon to dyspeptic humanity, and will speedily force itself into general use in the new field to which science has assigned it.—*Scientific American*, May 27, 1882.

A CASE OF EPISPADIAS IN THE FEMALE.—Dr. R. Frommel (*Zeitschrift fuer Geburt u. Gyn.*), describes a case operated on by Schröder, which differs from the previously reported cases in that a small piece of the urethra was preserved; also a small and imperfectly acting sphincter muscle was found, and a posterior urethral wall, or, more correctly speaking, the mucous membrane for it, was met with. From the mons veneris a through-like furrow ran from the top of the vulvar opening to the opening of the urethra. Labia majora and minora were separated widely above, and the clitoris also was split into two halves. The case was 26 years old, and since her confinement has suffered from a prolapse of the anterior vaginal wall. She was operated upon by anterior colpography, and then the epispadias was cured by freshening the tissue, over a triangular-shaped surface, and bringing the two sides together with thread. The point of the triangle lay on the mons veneris, the two other angles in the two halves of the clitoris. From the base the front part of the urethra was built up, just as in the stitching of the rectum in perineorrhaphy; and by the approximation of the two sides of the triangle the gaping furrow above the urethra was closed. Union occurred by first intention; and the result is described as being a very good one.

AMERICAN PÆDOLOGICAL SOCIETY.

The third annual session of this society began at Indianapolis, June 14, 1882, at ten o'clock A. M. The president, Dr. Lilienthal, being absent in Europe, and the vice-president being unable to attend, Dr. Tooker, of Chicago, was elected to fill the vacancy.

After the reading of the minutes of the last meeting, the names of Drs. M. M. Eaton, Cincinnati; S. P. Hedges, Chicago; Lemuel C. Grosvenor, Chicago; and Anna Warren, Emporia, Kansas, were proposed by the Board of Censors, and the candidates elected to membership.

Dr. Tooker then read an able paper on capillary bronchitis, by Dr. Martin Deschere, of New York.

Dr. Owens, of Cincinnati, opened the discussion. He maintained that the leading indication for Aconite was restlessness; for Ipecacuanha, in this disease, asthmatic breathing; and for Phosphorus aggravation by any sudden change of temperature, whether from warm to cold, or *vice versa*. This indication for Phosphorus should never be forgotten.

Dr. Mills, of Chicago, considered Kali bich. a very important remedy. Wheezing without an actual asthmatic condition was a leading indication. He usually gave the two hundredth. In Ipecacuanha there was great neurotic disturbance.

Dr. Duncan thought capillary bronchitis could not properly be classed as a distinct disease. He regarded it as rather the third stage of broncho-pneumonia. The history of the case was the best guide. He gave a diagnosis of the various stages, and the indications for a number of remedies.

Dr. S. P. Hedges thought Dr. Deschere's paper a very fine one. He considered the disease a very formid-

able one, and differed with Dr. Duncan as to its pathology and history. He believed it might be acute, and even be developed in a single night. Cases should be watched very closely, and the respiration and pulse anxiously counted, for the more frequent these are the greater the danger. He had had most satisfactory results from the use of Belladonna in this affection, and considered Belladonna and Tartar emetic, next to Aconite, the leading remedies.

After remarks from several others, the society adjourned to meet again at 2 P. M.

AFTERNOON SESSION.

The subject of capillary bronchitis was again taken up. After various remarks by different members upon the nomenclature of the disease and its relation to pneumonia, Dr. Eaton arose. He thought he had certainly seen cases of pneumonia in infants. Thought it made little practical difference whether we named the disease capillary bronchitis or pneumonia. The treatment would be as indicated in either case. Thought cases were apt to be more or less complicated. Nux vomica was apt to be highly beneficial when the stomach and bowels participated, especially if there was much fretfulness, with loss of appetite, and more or less cough.

Dr. Cowperthwaite saw no necessity for differentiating between these two when speaking to the friends of the little patient, since few were able to comprehend the difference; and when speaking to laymen, he generally called both lung fever. In treating capillary bronchitis, had used Tartar emetic with excellent results.

Dr. Tooker related a case of lobular pneumonia in a child two years old, and gave his reasons for the diagnosis. He spoke of frequent

changes of pulse and temperature, as indicative of pulmonary difficulties, especially in small children.

Dr. Eaton approved of Tartar emetic as an important remedy.

Dr. Armstrong related a case of capillary bronchitis occurring as a complication of whooping cough, in which the respiration, when he was first called, ranged from 110 to 114 per minute, and for several days thereafter from 90 to 98, and which finally recovered. The remedies which seemed most beneficial in the case were Tartar emetic and *Lycopodium*, the fan-like motion of the *ala nasi* being the indication for the last-named medicine.

Drs. Mills, Cranch, Hedges, and others also participated in the discussion.

NIGHT SESSION.

After the close of the evening session of the Am. Institute, the society again met at 11 o'clock P. M., Dr. Eaton acting as secretary. About thirty were present.

Dr. Tooker presented and read an instructive paper on Cereal Foods for Infants.

Dr. Grosvenor opened the discussion. He mainly used Horlick's food, and oatmeal without sweetening.

Dr. Owens abominated artificial foods. He deprecated the use of Potash in them, and had seen many serious results from their use.

Dr. Duncan said that Soda was now used in Horlick's food instead of Potash.

Dr. Eaton believed in consulting the child's taste. Let them eat what they want. Anointing with sweet oil is sometimes a means of nutrition. Sometimes the young and puny child will begin to flourish under the sucking of boiled fat pork.

Dr. Mills had had good results from Horlick's food.

Dr. Peck advocated Horlick's food. Ridge's was not a favorite with him.

The discussion was continued until 1 A. M., when the society adjourned.

June 15.—Met again at 2 P. M. Drs. J. C. Lewis, Frankford, Philadelphia; T. Franklin Smith, New York; and George M. Ockford, Vincennes, Ind., were elected to membership.

Dr. T. C. Duncan gave a synopsis of his paper on Diphtheritic Croup, which was followed by a short discussion, in which most of those present took part.

The following officers were then elected for the coming year:—President, R. N. Tooker, M. D., Chicago; Vice-President, T. Franklin Smith, M. D., New York; Secretary and Treasurer, Lemuel C. Grosvenor, M. D., Chicago.

The Censors constituting the old Board were re-elected.

The society then adjourned, to meet again on the day preceding the next annual session of the American Institute of Homœopathy.

W. P. ARMSTRONG, *Secretary*.

MISCELLANEOUS.

HÆMORRHAGE DUE TO QUININE.—Dr. Kuriayides ("Xmelzine") gives two instructive cases occurring in his own practice in which the use of quinine was followed by hæmorrhage, in the one case the blood coming from the kidneys, in the other from the nose. Several analogous cases have been described by others, including instances where the drug produced a hæmorrhagic eruption upon the skin. Quinine, then, according to the author, tends to produce a hyperæmia in all the organs of the body, and if in any organ the capillaries have been rendered brittle

from any cause, in that organ vascular rupture and hæmorrhage may take place. Although hæmorrhage from the use of quinine is most common in debilitated malarial subjects it may occur in those who have been previously healthy.

MUSCULAR ACTION IN THE PATHOLOGY OF HIP DISEASE.—In the July number of the *New York Medical Journal*, Dr. A. B. Judson discusses some points in the morbid anatomy of hip disease, with special reference to the supposed effect of muscular contraction in promoting the progress of pathological changes in the articular structures. A careful review of the most important observations on record leads him to the inference that the crowding of the articular surfaces together by muscular action has no such effect. What mainly points to this inference is the fact that the primary lesions are not usually to be found in the superficial structures that enter immediately into the formation of the joint, but rather in the cancellous texture of the bones. This conclusion, however, casts no doubt upon the utility of the extension treatment, but simply leads to this interpretation of its beneficial action: Aside from the fact that we are compelled, empirically, by reason of its anodyne quality, to use traction, there is ample rational ground for its use. Traction, however applied, is unavoidably accompanied by fixation. The most efficient apparatus for the application of traction is, at the same time, the most efficient means known to surgery for the solution of that difficult problem, the immobilization of the hip joint; and finally, immobilization is indicated by every feature of the pathology as revealed in morbid specimens.

President Breyfogle, in his address before the American Institute of Homœopathy, at Indianapolis, Ind., said of the action of the New York Allopathic physicians in regard to freedom of consultations:

"The right hand of fellowship is already extended to us from the other side. The Royal College of Physicians and Surgeons of London, some months ago, passed a resolution permitting its members to consult with homœopathic physicians, while differing from them in regard to the action and administration of drugs. The Medical Society of the State of New York has also placed itself upon a favorable footing by discarding the code of medical ethics held by the American Medical Association, and adopting one allowing its members to consult with all legally qualified practitioners of medicine. The refusal of the American Medical Association to accept these amendments cannot prevent the liberal and progressive element in the Old School from asserting its independence, and even severing its connection from an organization which holds in shackles, forged over thirty years ago, an accumulated mass of narrow-minded bigotry, governed by ideas that were hammered and moulded into shape in some of the numerous 'sky parlor' colleges of traditional medicine. Public opinion demands the concession, and we must cordially welcome the situation. While we do not believe that consultations over the therapeutics of a case will often inure to the benefit of the patient, we must subscribe to the language of the new code in that 'emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.' It is not difficult to point out the result. Toleration begets friendship, and in the near future we may expect our annual meetings

to be attended by the members of other schools of medicine. All restrictions removed, they will eagerly accept the opportunity for interchange and consultations in order to test practically the efficacy of Hahnemann's method of treatment in their more difficult and obstinate cases."

THE LATE DR. GRAY AND THE DOCTORS AT ST. PAUL.—Dr. John F. Gray, who died in New York a short time ago, was one of the most thoroughly educated physicians and one of the oldest and most successful practitioners in the city. He was the pioneer of the homœopathic practice here, having adopted it upon careful study and observation. Like all pioneers, he endured various forms of persecution, but, long before his death, to question his great ability as a medical man was ridiculous. It was as amply attested as that of any physician who ever lived in New York. Gibes at his "school," and wrath at the "humbug of homœopathy" did not affect his position, and he lived to see himself surrounded in the country by some six thousand similar practitioners, and sustained by the preference of a large and most intelligent body of citizens.

On the day after the death of this distinguished physician, the American Medical Association met at St. Paul, Minnesota, and proceeded to hear protests against the admission of certain New York physicians of the highest character, upon the ground that they reserved to themselves the right of consulting with Dr. Gray and his friends if they chose. By such consultation these gentlemen merely acknowledged the personal character and medical accomplishment which could not be denied.

But they were held also by such consultation to "countenance" homœopathy, and that is not to be tolerated.

It is like a supplementary chapter of *Pickwick*, or a record of the proceedings of the Medical Association of Little Pedlington. If the condition of membership of the American Association be refusal upon the part of physicians to consult with other physicians at their discretion, when they think that pain may be relieved or death averted, the biting sarcasm of the French epigram will be renewed :

"il n'était rien,
Pas meme Academicien."

We trust that the New York gentlemen will maintain the liberty of the profession, although they have been excluded from the American Association.

PUBLISHERS' NOTES AND ITEMS.

Dr. O. A. Bemis has removed from West Randolph to Barre, Vt.

For nearly a year Rome has had a homœopathic dispensary under the direction of our well known confreres, Dr. Bertoldi, Bevilacqua, Centamori, Ladelci.—*Revue Homœopathique Belge*.

A London paper opines that not one fashionable woman in 500 can draw a full breath with her clothes on. But this doesn't apply to evening costume. Then she can draw all her clothes on in one breath.

The Massachusetts Medical Society voted, 104 to 60, to admit properly qualified women to membership; but changes in the constitution cannot be made without the consent of the Council, a kind of Executive Committee, and this has been refused.

LACTOPEPTINE.—The attention of physicians is called to this preparation. Its use has given entire satisfaction, and it has proved to be a valuable remedy in those diseases of the stomach requiring the active agents of digestion.—*Medical Journal*.

I have made a considerable use of Nestle's Milk food during the past year, and have only words of praise for it. Better nutrition or death has been the only possible conditions in the cases of several little patients and this milk food has enabled me to gain the better nutrition.—H. B. FELLOWS, Chicago.

PHILLIPS' MILK OF MAGNESIA" is among the many good things to be found in the advertising pages—it is doubtless the liquid preparation inquired after by our correspondent. It is a preparation of magnesia, possessing in full the well-known properties of magnesia for sour stomach, sick headache and other forms of indigestion.

HORSFORD'S ACID PHOSPHATE.—William H. Sage, M.D., New Haven, Conn., speaking of this preparation, says: "I have used Horsford's Acid Phosphate in my practice quite frequently for the last three years and have found it a very efficient and valuable remedy in many cases of dyspepsia and nervous prostration, having the great advantage of being very agreeable to the taste.

Sir Henry Thompson says that "diet to be wholesome should be varied for all. It has, too, to be changed for different periods of life. Some constitutions thrive better on vegetables and cereals than by admixture with animal food. An exclusively animal dietary might, perhaps, be best for a very few. So many persons hastily conclude that what is best for them is best for all. There is no greater error."

The *London Lancet* says that muscarine, the positive poison of mushrooms, is directly antagonized by atropia. A trace of muscarine placed on a frog's heart completely arrests the motion; a drop of atropia will start it up again, although it may have remained motionless for four hours. In human beings poisoned by mushrooms one minim of atropia, administered hyperdermically at intervals effects a complete cure.

Availing itself of an abundant prosperity *The Art Interchange* again presents a special holiday issue—rendered more than usually attractive by numberless illustrations and carefully prepared text. As "the art idea" in one form or another is being infused into all great interests, it is a matter of positive certainty that a long and influential career awaits the *Interchange* of which its past steady progress is but an earnest.

MCKINNEY.—Dr. Susan S. McKinney, Brooklyn's only colored physician, a graduate of the Woman's College of New York and the valedictorian of her class, has been appointed on the medical staff of the hospital connected with the college. Dr. McKinney has practiced successfully for some years in this city, and her appointment to the position named is exceedingly satisfactory to her large circle of acquaintances. She is a sister-in-law of the late Rev. Henry Highland Garnett, of New York.—*Brooklyn Eagle*.

Bismarck seems to have faith both in allopathy and homœopathy. At one of the summer resorts that he frequents, he is treated by Dr. Cohn of Hamburg, an allopathist; at Kissingen, another allopathic physician handles him; and at Berlin a noted homœopathist has been his physician since 1870. At times he has had both allopathic and homœopathic schools together in consultation, being evidently determined to be on the right side anyway. He has a troublesome nervous affection. It was glory enough for homœopathy when at the Berlin conference both Beaconsfield and Bismarck had medical advisers of that school. And still the Italian Government refuses to aid homœopathic colleges, on the ground that the theory of infinitesimal, like by like, doses "is the negation of all science."

A REMARKABLE INSTRUMENT.—A solar microscope and stereopticon was exhibited at the recent meeting of the National Medical Association and excited a large degree of interest, owing to the wonderful clearness and brightness of the subjects cast upon the screen. It seemed to be the general opinion of those present that this new solar instrument was truly a remarkable improvement over the ordinary stereopticon method of illustration. During the session in obedience to the expressed wish of many of the physicians, the inventor, Dr. L. D. McIntosh of Chicago, explained fully the principles of this solar microscope. By its aid physiology, pathology, histology can be studied with illustrations of genuine sections. The circulation of the blood can be mirrored forth with startling distinctness; images of living animalculæ, minute insects and aquatic animals, with all their motions thoroughly portrayed, and in cases where they are transparent, the beating of the heart and movements of the internal organs are vividly depicted. This invaluable instrument is manufactured by the McIntosh Galvanic and Faradic Battery company of Chicago.

THE AMERICAN HOMŒOPATH.

NEW YORK, SEPT., 1882.

A QUERY.

BY

W. P. ARMSTRONG, M. D.

Lafayette, Ind.

Five years ago, F. S., an engineer on a railroad, was entirely disabled for six weeks with neuralgia of the left eye, orbit and temple, during all of which time he was under the care of old school physicians without experiencing any benefit. He then went to Hot Springs, Arkansas, where he recovered.

Quite recently he has been afflicted in the same way for three weeks during thirteen days of which time he was again under the care and treatment of physicians of the old school. After he had suffered for some days, No. 1 began and treated him for about a week, giving him pills containing Morphia, to be taken whenever the pain was severe. These produced a sort of stupor, of course, which prevented the pain from being quite so acute while under its influence, but had no other apparent effect, except to destroy the appetite and produce a considerable degree of general prostration.

No. 2 was then called, and treated the case for six days with no better result. The basis of his prescription was also Morph. Sulph., the combination being separated into powders which were to be taken every half hour when the pain was severe, and less frequently at other times.

He slept at night, and lay in a stupor with silly muttering during the day, but was never entirely easy, and when not thoroughly stupefied, the pain was almost insupportable. During all this period, in spite of Morphia in heroic doses, he had suffered in-

tensely and had not only gained nothing, but lost much. The writer being then called to see the case, the eye was found to be more prominent than the other, and seemingly enlarged, and the conjunctiva injected. There was no fever, nor had there been; neither was there any appearance of iritis. He complained of a sensation as if the eye was too large, and as if it would burst. There was no throbbing. The pain was worse in the afternoon and towards evening, and on rising in the morning. Spigelia 30 was given, a few drops in half a glass of water, a teaspoonful every hour, and when the pain was very severe, every half hour. Two doses Nux during the night, to help dispose of the Morphia poisoning.

Next day his mind was clearer, although not yet entirely free, and the pain worse than before. Belladonna 3, same way as the Spigelia. The next evening he was found to have had a sleepless night, but rather from restlessness than from pain, and felt no pain during the day, while his eye was looking better. The pain has not returned since. The nervous prostration and restlessness which for two days were terrible, found their best remedy in Rhus tox., and he was on his feet again with but little delay.

Was the result of old school treatment in this case any worse than might have been expected? Was it so very much worse than their usual success as to give them just ground for complaint? These physicians are not considered as incapables nor "old fogies" in their profession. They are young men, just in the prime of life, active members of the county society, and strictly orthodox in their tenets; believing all the articles of the creed. Thus, they believe that there can be no law of

cure; that to recognize such a law is to have a creed, and thus be sectarian; that creeds, (laws) are unworthy of a physician; that all Homœopaths are quacks, and should not be recognized; and finally, that man cannot cure disease, but only relieve it. This last article is very important (hence the Morphia). Its belief or disbelief is, in fact, a test not only of orthodoxy, but of intelligence. In short, these physicians possess every attribute of true nobility (professional) and every necessary qualification to make them successful (allopathic) physicians; and Pulsatilla could not make them more regular.

But to return to the morphia; whether administered by the mouth or hypodermically, the relief which it affords is in most cases only partial, save when the patient is completely stupefied; then when he returns to consciousness, it is with an exalted sensibility, nervous irritability and a bad stomach. He feels his pain more acutely than before, and his power to resist the inroads of disease has been greatly impaired. In addition to this there is the great danger of making the patient a habitual morphine taker, a feature of the case which the American people will probably begin to recognize by the time we have among us a few million of morphine inebriates.

But it may be said that the case detailed above, although a true history, and given to illustrate the superiority of homœopathy in mitigating and removing severe pain, does not of itself prove anything for our school, since it is only a solitary case; but is there anything unusual about it? Cannot every homœopathic physician of experience point to a multitude of cases in which he has had equally prompt and permanent results? And who does not know of the superiority of our system of treatment in pneumo-

nia, in cholera, in yellow fever, and in all curable diseases. No statistics need be quoted. The facts are well known to every well informed homœopathic physician, and to millions of laymen.

In view of this, is it not strange that there are a few in our ranks who seem to long for recognition by old school physicians? As if that were a thing to be desired! There are allopaths in this city who would recognize a homœopath as a physician, but I am certain that neither of the above mentioned, although they have repeatedly had occasion to be aware of our existence, would do so; but is that anything to be regretted? As well might the eagle feel slighted by wrens, as for a competent homœopath to yearn for allopathic recognition. It is noteworthy that those who are so afflicted are men who have ceased to study, have fallen into a careless way of prescribing, have consequently become unsuccessful, and have therefore lost confidence in the system they profess to practice. Such longing, it seem to me, can only result from a consciousness of their own inferiority, and is totally unworthy of a homœopathic physician.

DRUG ACTION.

BY

F. F. CASSEDAY, M.D.

Kansas City, Mo.

In considering the application of drugs, selected in accordance with the law of similars, to the cure of disease the question naturally arises; how does the drug restore the part to its normal condition; what is its ultimate action? The young allopathic physician of to-day, trained in the physiological school, is desirou

of knowing how medicines selected by the law of similars bring about a cure. The ultimate action of the drug cannot be explained to them as are its grosser and more pronounced effects, hence their conclusion is that any system of medicine, which professes to cure disease by a law or method, which its adherents cannot verify and demonstrate to the eye by the microscope and scalpel in its most minute and final details, is unsatisfactory, and for that reason, unworthy of their study and acceptance. Many drugs exhibit groups of symptoms or effects diametrically opposed to each other; these we are pleased to designate as the primary and secondary action. Now then suppose a disease presents a group of symptoms similar to the primary action of a certain drug, the drug is administered and recovery takes place. It cannot be proven that the drug brought about resolution by its primary physiological action, as that action would have tended to enhance the morbid process, which nature was endeavoring to combat. And further if our reasoning lead us to that conclusion our method of cure would be essentially physiological, and in no way superior to the common practice of the old school. Again if a drug was selected on account of its secondary action and applied to the cure of the disease our conclusion in regard to its method of action would of necessity be the same.

Thus are we forced to acknowledge that the *curative action* of a drug is not the *physiological action*, and further the *curative action* is not demonstrable to the senses in its entirety. It is this unreasonable demand, for a sign where no sign is given, for material and ocular proof of those invisible processes of life which are from the very nature of things unsusceptible of proof, which is the great stumbling block to many intelligent men.

They refuse to accept results because they cannot demonstrate all the processes which lead up to those results. The human system is a complete organism, subject to manifold influences, and constantly undergoing change. Medicine is far from being an exact science and yet intelligent men seek to observe and measure drug processes with mathematical precision, forgetting, in their anxiety to follow out one process, that there are many other changes occurring, which exert a modifying influence, but which are unnoted, because unseen. In fact it is the prevailing tendency in this practical, material age to accept only those things which appeal to our senses. That is a good rule but its application is limited. Results can be observed, but just how those results are brought is often incapable of demonstration. In addition to being unphilosophical this sort of reasoning on the part of the old school is false and inconsistent, as is conclusively proven by their resort to empiricism in using remedies whose physiological action is unknown, and to specifics for the cure of neuroses. These show how they desert their much boasted scientific methods to flounder in the mire of the rankest empiricism.

A word in regard to intolerance in our own school, and I am done. Certain physicians deny the efficacy of drugs above the 12th attenuation. It must be proved to them by the microscope, by the spectroscope, by chemical reaction, if you please, that there is a palpable quantity of matter. They seem to be utterly oblivious of the fact that the curative power of a drug is not in direct ratio to its material quantity. The results accruing from the administration of a drug in any potency, are proven by reliable witnesses, and yet you refuse to ac-

cept these facts because you cannot tell how they were brought about. Is this position tenable, in view of our knowledge of the action of drugs in any dose, given according to the law of similars? Can the man who relieves congestion of any organ with Belladonna of any strength tell me how the Belladonna produced an effect so utterly at variance with its well known action? Can it be attributed to its primary action? Certainly not, as the best authorities agree that Belladonna *in not too large an amount* is a stimulant to the vaso-motor system thereby producing an instantaneous rise of blood pressure. Is it by direct action upon the muscular coats of the vessels, producing paralytic dilatation? Evidently not, as this condition occurs only in the advanced stage of Belladonna poisoning and *after* the blood pressure has begun to fall. It cannot be satisfactorily explained, because it is absolutely impossible for us to arrive at a true knowledge of the nature of disease, or of the inscrutable processes of drugs in curing disease, "Disease is modified life," and when we seek to unravel all its mysteries we are treading on unknown and forbidden ground. Let us hold fast to the grand fact that the drug restores health even though we cannot tell exactly how it is accomplished. The only apparent advantage, for it is not real but the result of habit and education, that the prescriber of crude drugs has over his colleague is the fond illusion, which he hugs to his breast, that it is the quantity which does the business. The low potency prescriber reports a cure but he cannot tell *why* or *how* it cured. He is then on exactly the same plane as his high potency opponent, for neither of them can give a good sound substantial reason for the faith that is in him, beyond a statement of the law, and a showing of the

results of its application. Among students of a science as unsettled and inexact as medicine it behooves us to lay aside prejudice, and to stand out in the clear light of charity and liberality.

TREATMENT OF GOUT.

(Translated from the French of Dr. P. Jousset.)

We shall consider the treatment of gout under five heads: (1.) Treatment of the paroxysm; (2.) treatment of the disease in the intervals between the paroxysms; (3.) treatment of chronic gout; (4.) treatment of muscular pains; and (5.) treatment of complications.

A. *Treatment of the paroxysm.* The attack is either *mono-articular*, that is, an attack of classic gout, the gout of Sydenham; or it is *poly-articular*, presenting many analogies with acute articular rheumatism.

I. *Mono-articular attack.* This paroxysm, which begins usually at night, at day-break, has its seat upon a small articulation, very frequently, the great toe. The pain is excessive; it subsides a little during the day, to reappear in the night; the diseased joint is tumefied and becomes scarlet red. The febrile movement is accidental, does not exist except when the pain is very acute. At the beginning the paroxysms of gout last for four days, and every day they go on diminishing in intensity. Later, they are more prolonged; and especially passes from one joint to another, and it is this which prolongs much the duration of the attack.

China, Ledum palustre, and Colchicum are the three principal medicines for the attack of mono-articular gout.

1. *China.* This medicine is indicated by the red and painful swelling of the joints. Its characteristic is that the pain increases not only by

movement, but especially by touch, which often carries it to a formidable intensity.

2. *Ledum palustre*. Like *China*, *Ledum palustre* corresponds to arthritis with swelling, redness, and pain; but especially to arthritis of the big toe. *Ledum* is indicated by preference when touch does not exasperate the pain in an excruciating manner; and when there are œdema and a cold sensation in the diseased members. The pains of *Ledum* are lancinating and tearing; they are aggravated by heat of bed.

3. *Colchicum*. This medicine is indicated when there exist articular tearing pains, with redness, heat, and swelling. They are increased by touch. The sensation of burning and tearing are characteristic of *Colchicum*.

Following the indications stated above we prescribe one of the three medicaments. Twenty centigrammes of the 1st trituration of *China*, four drops of the 1st dilution of *Ledum*, or of the 1st dilution of the seed of *Colchicum*, in two hundred grammes of water, one spoonful every hour or every two hours.

II. *Poly-articular attack*. The pain seizes many articulations, small and great; the febrile movement is more considerable, so that this paroxysm has been confounded with that of acute articular rheumatism. Nevertheless, the febrile movement of gout never attains the intensity and duration of the febrile movement of acute articular rheumatism.

The principal medicine here is the *Sulphate of quinine*. I always administer a ponderable but a weak dose; twenty or forty centigrammes of the 1st trituration in two hundred grammes of water, one spoonful every two hours; and if the attack is very violent, ten centigrammes of the substance I administer in the same

manner. This practice always brings on a relaxation in the pains and considerable diminution in the duration of the attack.

The *Salicylate of soda*, administered in the same doses and in the same manner, has given me some success; but this medicament is much less certain than *Sulphate of quinine*. In the mono- and poly-articular form of the attack of gout, there frequently exists great anxiety with impossibility to rest tranquilly in one position, though every movement is painful. In that case I prescribe *Ignatia*, and this medicine, in the 6th dilution, affords much relief by causing the agitation to disappear. I prescribe two drops in two hundred grammes of water, a spoonful every two hours or even every hour.

Sometimes I alternate it with another medicine, and then I administer it, in preference, during the night. I recommend this practice to my colleagues.

B. *Treatment of the disease in the intervals between the paroxysms*. *China* is the principal medicine. I administer it from the first to the third trituration, five centigrammes morning and evening, for three days, then stop it for eight days, and begin again. The *Salicylate of soda*, in very large doses, has given the best results, but it is a dangerous medicine, and I have never employed large doses. Of the effects of very small doses, such as ten centigrammes per day, we have yet to study.

It is in the intervals between the attacks that the treatment with mineral waters is useful. Unfortunately, scarcely any other than the waters of Carlsbad have given me lasting success. But these waters are situated so far off, the journey is so very expensive, that they are not within the reach of everybody. The waters of Bourbonne in France are compar-

able to those of Carlsbad, but they are very inferior to them. The waters of Vichy are suitable at the beginning of the disease in vigorous subjects. The waters of Contrexeville are absolutely inefficacious.

III. *Treatment of Chronic Gout.*—It is again *China* which is the principal medicine. It ought to be administered in the way we have mentioned in the preceding paragraph. In the form designated the *nodous rheumatism*, the *bromides of potassium* and of *sodium* are the only remedies which have given me some success in cases refractory to all other modes of treatment.

These medicines ought to be administered in the first trituration, five centigrammes, morning and evening, every day for several months.

IV. *Muscular pains.*—This symptom of gout is generally named *muscular rheumatism, torticollis, lumbago, pleurodynia, myalgia*. *Rhus toxicodendron, Bryonia, Actea racemosa* and *Veratrum* are the principal medicines for muscular rheumatism. It is necessary to add *Nux vomica* for lumbago.

1. *Rhus* is always indicated when the pain augments with the heat of the bed, when it is accompanied by a sensation of cold and numbness, and when movement diminishes the pains.

2. *Bryonia* is indicated when the opposite is the case; nevertheless it is suitable to certain muscular pains which oblige a change of place and are relieved by movement; but has this difference with *rhus*, that prolonged movement always aggravates the pains, which during rest are never accompanied by that sensation of cold and numbness peculiar to *Rhus*.

3. *Actea racemosa* has the same indication as *Bryonia*. It is a very good

medicine, it has always succeeded with me in pleurodynia.

4. *Veratrum* has this special indication: an atrocious pain in the morning, and which forces one to get out of bed.

5. *Nux vomica.*—With Dr. Cretin it is the principal medicine of lumbago, provided one administers it in large doses. These different medicines should be prescribed in doses of some drops, or of some centigrammes of the first dilution, in 200 grammes of water, four to six spoonfuls in 24 hours. I have often prescribed *Bryonia, Veratrum, Nux vomica* in mother tincture, in 3 to 10 drops in 24 hours.

V. *Treatment of complications.*—The treatment of the complications of gout will come naturally *a propos* of cerebral, pulmonary, cardiac, cutaneous, ocular, and other affections. I will here merely remark that in the metastases, known formerly by the name of *goutte remontée* the practitioner ought to bear in mind these two principles: treatment of metastatic affections by those medicines which are proper to them; the recall of the articular affections by the aid of revulsives applied to diseased joints.

It is also necessary to bear in mind that no treatment can be efficacious in gout without a suitable hygiene, such as: little succulent nourishment; use of milk; water alone for drink; exercise proportioned to the strength of the patient; precautions against cold and humidity.

When the patients are enfeebled, and much more, when they are attacked with a gouty cachexia, it is very necessary to guard against debilitating regimen, and then wine is absolutely required.—*L'Art Medical*.

EARACHE CURED BY INFLATION OF THE MIDDLE EAR.—Dr. Jacobi, of

New York, asserts that earache in a young infant can often be relieved by closing its mouth and blowing through its nose so as to inflate the Eustachian tube and the middle ear.

HEPATIC COLIC COMPLICATED WITH JAUNDICE AND AGUE.

Calcutta Journal of Medicine.

Babu T. P. M., æt. 38, well built, formerly an overseer, P. W. D., and now a contractor, had suffered from an attack of facial paralysis about eight years ago, from which he recovered, and since had enjoyed a very good health up to three years ago, when he had hepatic colic without jaundice while he was at Gaya. In August, 1881, while at Darbhunga, he suffered from malarious fever for more than a month, and since then began to complain of a kind of dull tensive pain in the right hypochondriac region, about $1\frac{1}{2}$ inches below the costal arch and just behind the abdominal rectus. He came under my treatment on the 15th of September, 1881. *Nux v.* 3 removed the pain entirely in a couple of days. *Nux* also brought on appetite and refreshing sleep. In a week he felt so much better that he was able to travel up to Cawnpore, where, however, an accident disturbed his sleep and told heavily on his digestion. The pain appeared the next morning. He at once repaired to Allahabad, and placed himself under my treatment again. This time *Nux* failed to relieve him as completely as it did on the last occasion. *China* gave some relief.

On the 30th October, his pain increased to a great extent, and I noticed slight jaundice. The painful part was very tender on pressure, and was a little puffed up. At 2 p. m. the pain became so excruciating as

to be unbearable, and he complained of aching pressure and dyspnœa. The pain, he said, was extending down to the hip, and was of an aching, tensive, tearing, and cutting nature. At this time his suffering was aggravated four-fold by severe tympanites. When I saw him he was in tears, and gasping for breath as it were. He with great difficulty described his suffering, and asked me to relieve him at once, else he would die, as his abdomen was almost bursting, and he could not breathe. The nature of the pain, the flatulence, the dyspnœa, the time of aggravation, all reminded me of *Lycopodium*. I prescribed it in the 6th centesimal dilution, one drop in a teaspoonful of water every half hour. Never will I forget the magical effect produced by this, in the ordinary state, inert substance. The flatulence began to abate, the acuteness of the pain subsided at once, the respiration became easy; in short, the first dose relieved him completely. Four more doses of *Lyc.* 6 were given during the night. On the 31st of October at 3 p. m. the pain recurred. The recurrence of the pain being an additional characteristic of *Lyc.*, I ordered it to be taken in the same way. It again gave him very speedy relief. At 4 p. m. he got an ague fit; the shivering was of a very violent nature and lasted four hours, and was followed by profuse perspiration, which also continued for four hours. *Gels.* and *Camphor* had not the least effect on the shivering. After the ague fit was over the patient felt greatly prostrated. I gave him a dose of *China* 3 in the night.

1st Nov.—The pain recurred without flatulence or dyspnœa in the night, with griping and cutting about umbilicus, and the parts were tender on pressure. The pain, he said, was

of a flying nature as if something was being squeezed within his abdomen. This time, instead of *Lyc.*, I gave him *Colocynth* 3, because the nature of the pain and its seat were all characteristic of this drug. *Colocynth* produced the same happy result as was got from *Lyc.* The ague fit returned at 2 A. M. with the same kind of shivering and perspiration. During the day *Nux* 3 was given four times to prevent the recurrence of the fever.

2d Nov.—The pain did not recur. Bowels moved for the first time since the 31st. The stool was papescent, dirty white and scanty. The fever, however, returned at 2 P. M. notwithstanding the administration of *Nux* and *China*. The latter was given also with the object of preventing the recurrence of the hepatic colic. I next proposed *Quinine*, to which the patient objected, and I was again obliged to hunt my materia medica without arriving at a definite conclusion. In fact, I failed to select any medicine that would cover the totality of the symptoms; at last I resolved to try *Nux* again.

3rd Nov.—The fever did not return. Bowels moved, the stool being of the same nature as it was yesterday. Nothing but jaundice remained. *Chel.* 1 removed the constipation and produced liquid, yellow stools.

The jaundice persisted for more than a month. And according as the symptoms showed themselves, *Digitalis*, *Belladonna*, *Sulphur* and *China* were given.

Last January after a fatiguing journey, he got hepatic colic for the third time while at Bhawanipore. This time Dr. Sircar treated him with *Berberis vulg.* which succeeded in entirely removing the colic. The fever of the same nature recurred, and was again removed by *Nux* 3.

LECTURE ON HEART-FAILURE.

BY

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There are many points of interest in the case narrated at length in my last lecture. I regard the failure of the heart in this instance to be due to simple fatty degeneration. There were no signs of valvular disease, or of hypertrophy, or dilatation, by one, or other, or both of which valvular disease is always accompanied. It occurred in a gouty subject. It lasted between five and six years, and entered on the acute stage ten months before the end. The restlessness, failure of memory, breathlessness, air-hunger, all marked the onward progress of the disease. The last-named symptom points to the right side of the heart as being most at fault, and the old-standing vein-affection would lead us to expect such to be the case.

The asthmatic attack, in the summer of 1880, following the long walk and the wetting, marks the commencement of the final stage. Hitherto the heart has only had its own weakness to contend against. Now the lungs become disordered, and now the heart gives way completely under its increased burden. Other attacks of dyspnœa, passive congestion of the lungs, dropsy, and gradual decline of all the powers of life, mark the final steps in the progress of the disease.

The first attack of dyspnœa, coming on in the night, apart from any immediate exertion, and dissipated by excitement caused by the fainting of her maid, appears to have been an attack of almost pure spasmodic asthma. *Almost*, but not, I think, altogether. There must have been even then a weakness of the vessels of the lung favoring passive congestion, which became fully establish-

ed in the later attacks, when a slight degree of consolidation of the bases of the lungs had taken place. During the attacks fine wheezing sounds and fine crepitation were heard over the bases. These disappeared to a large extent when the attack was over. The dulness, however, did not disappear, and was especially noticeable on the right side. The sputa consisted of bloody froth. The possibility of there being any acute pneumonia in the case was negatived by the fact that there was no fever.

The state of the heart was one of extreme weakness. The cause of the weakness was, as I have said, in all probability fatty degeneration. There was no cardiac pain. The attacks of dyspnœa were not complicated with angina pectoris, and were altogether different from that affection in their nature. There was much palpitation, and on listening to the sounds of the heart it was for the most part quite impossible to distinguish between the two sounds on account of the irregularity of action. The heart-beats were incomplete, and one systole followed another before diastole was fully accomplished.

The effect of this on the pulse was very remarkable. Feeling the pulse during an attack, one would have said that the artery was atheromatous and rigid. It did not yield to the pressure of the finger, and felt like a cord. When, however, the attack was over, as soon as the patient had fallen asleep, the pulse was quite different. It was now soft and compressible. The reason it had felt so hard before was not that the tension in the artery was so great, but that there was some obstruction to the outflow of blood from the arterioles to the veins, and that the heart was not strong enough to overcome the obstruction. Hence the arteries were kept abnormally full and distended, giving the sensation of

hardness to the finger. We are not as yet able to say what is the precise significance of this symptom. An interesting series of cases exemplifying it are recorded by Dr. Handfield Jones in the *Medical Times and Gazette* of December 4th and 11th, 1880. In most of these there was renal complication, which did not occur in the case of Mrs. X.

There is little to add to what has been already said about the lungs. The bases were in a state of chronic congestion and semi-consolidation. Listening to the sounds at the bases posteriorly in the latest weeks of life, the action of that part of the lungs was found to have ceased almost completely. It was only occasionally in the deeper breaths that any air was heard to enter. There was no œdema of the lungs to the end. No sounds indicating such an occurrence were heard, and there was always more dulness over the right base than over the left, which would not have been the case had œdema been present, as it would have affected both sides alike.

The urine was examined repeatedly, and was always found free from albumen.

Dropsy first made its appearance during the attack of gout in October, and gradually increased. When I saw her a month later there was great swelling of both legs, though there was no dropsy evident above the knees. The left leg was more swollen than the right, which may be partly accounted for by the inflamed state of the left internal saphenous vein. The skin was red and tender. Gradually the dropsy invaded the cellular tissue of the parts above, and in all probability the abdominal cavity as well, though the degree of swelling of the integuments of the abdomen prevented this being ascertained. On March 1st the elbows were noticed to

be baggy, on the 5th the hands were puffed, on the 6th the left forearm was noticed to be swollen. The degree of swelling in the hands and arms varied a good deal. On the 23rd of March there was inflammation of a gland in the bend of the left elbow. This subsided in a few days, leaving an increased amount of œdema, which went on increasing to the end.

The increasing duskiess of the hue of the skin, the clouding of the mental state, and the vomiting of coffee-ground matter showed intense venous congestion and want of aeration of the blood. The heart became less and less able to empty itself and keep the blood in circulation, until its strength failed completely, and it ceased to beat.

And now a word about the treatment. In the first place I must mention that the patient was most efficiently nursed throughout, and there was never a suspicion of bed-sores. I have mentioned the means that were adopted to keep up a supply of pure air, and this I regard as a very important item in the treatment, as rendering the work of the heart easier in performing its share of the work of oxygenating the blood. The diet was often a great difficulty. Milk formed a great part of it, taken with some aerated water, or in tea or cocoa. Beef-tea, chicken-tea, jellies, and milk puddings were also given. At times the appetite was good, at other times it was difficult to get the patient to take enough. Latterly bread in any form could not be taken, and instead plain hard biscuits were substituted. These were taken at breakfast, and finely grated cold corned beef spread over them was much relished. Fish, eggs, chicken were given at various times, and when little else could be taken Revalenta food was added to the beef-tea, and so the

nourishment was kept up till digestive power and appetite were increased.

Stimulants were tried on several occasions. Once, when the patient fainted, they were markedly beneficial, but only for the time, and were no good when continued. The only stimulant that was of any avail for a length of time was the necessary one of a full supply of fresh air. Once, when that was being stopped inadvertently, a marked change for the worse occurred, and on alcoholic stimulants being resorted to to meet the effects of the deprivation, their uselessness was very manifest.

The comfort of the patient was greatly enhanced by the expedient of bandaging the legs, and much misery was thereby avoided.

The part played by medicines in this case was a very important one. Although the end was for some time a foregone conclusion, there is no doubt in my mind that it was considerably delayed by the administration of appropriate medicines, and the sufferings of the last days of life diminished. There may appear a want of unity in the plan of giving the medicines, but this is accounted for by the fact that the patient was for a considerable part of the time so very ill that she had to be seen several times in the day, and to meet this it was arranged that one of us should see her at certain times, and the other at others. Thus it happened that consultations as to changing medicines were not always practicable. The medicines which appeared to be of most service were *Lycopodium*, *Digitalis*, *Bryonia*, and *Apocynum*, and in my opinion the patient derived far more benefit from *Lycopodium* than from any of the others. From the time that she commenced to take it there was great improvement in the symptoms o

distress, and whenever it was given alone the urine, if scanty before, at once became copious. When given in alternation with other medicines, especially *Digitalis*, the urine often became scanty again. The latter remedy was of great use in the case, though I am inclined to think some of the digestive troubles are to be ascribed to its influence.

Bryonia was of signal service in checking the short, dry, irritating cough which destroyed all idea of rest while it lasted. A single dose of *Bry.* was almost always sufficient to remove it.

Apocynum seemed to keep the dropsy in check, and I think must be credited with removing temporarily the œdema from the upper extremities.

I could not observe any benefit from *Arsenicum* or *Carbo vegetabilis*, both of which were strongly indicated, nor can I suggest any reason for their failure.

The indications for *Lycopodium* were the constipation, scanty, high-colored urine, dyspnœa, palpitation, air-hunger, and the gouty constitution.

I have gone into the case thus at length and in detail because it is in many ways typical. It shows how heart disease may produce symptoms in brain, lungs, and extremities with scarcely one referable to the heart itself, the center of all. It shows also the whole course and progress of heart-failure, from the time that it ceases to be able to keep up the circulation with needed force to the time that it ceases to beat altogether; and it shows the state to which all are reduced in the last stage of heart-disease, when the balance of the circulation is destroyed beyond repair. *Hom. World.*

POLYPUS OF THE EAR CURED BY MEDICINE.

BY

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London, Eng.

When I speak of curing polypus by medicine I mean by its internal administration only. In this case no local application of any kind was used; the patient's diet was not altered, and she did not change her place of abode, or rather habit of going about, so that nothing exists to lessen the value of the evidence of drug action which I shall adduce.

On November 18th, 1880, a gentleman accompanied his wife to me to show me her ear, and to advise about her state generally. She had become alarmed at the growth of a polypus in her right ear, and had consulted a surgeon in their neighborhood, and this gentleman had given his opinion that the polypus would have to be excised. He used the word *operate*, and that frightened the lady. The surgeon repeatedly expressed his anxiety about this polypus, and insisted that it ought to be cut out, as "nothing" else could "cure" it. How much older will the world get before it knows the meaning of "curing"?

Patient had had a running from the right ear for many years. This otorrhœa was worse whenever she ran down in health, and the discharge soiled the pillow-case a good deal. On the floor of the meatus one saw a polypus of the size of half a marble, and the sequel showed that there were two or three smaller ones around it. Had been "to half a dozen doctors for her constipation," but in vain. Had severe leucorrhœa.

R. Tc. *Hydrastis Canadensis* 1x, five drops in water three times a day.

February 22, 1881. She was not materially better. R. *Tellurium* 6 one drop in water night and morning.

I will not be wearisome by giving a needlessly wordy report, but I may say that the *Tellurium* 6 was continued for several months, and resulted in curing first the leucorrhœa and constipation, and then the otorrhœa, but the polypus did not go; it certainly did wither a little, and it went smaller, but it was still very visible when the meatus was dilated. After the *Tellurium* several other medicines were given, but the polypus persisted in its modified state, and even grew a little once or twice after a cold.

Finally, in August, I prescribed *Thuja* 30 in infrequent doses; four spread over four weeks, each dose consisting of two drops on sugar-of-milk.

My story ends here, for on September 24th the withered up polypus fell out of the ear. On September 26th I saw the patient, and could find no polypus, though there were still the traces of it.

Patient is now in excellent health, and her ear is well both of the running and of the polypus.

Without Hahnemann's Homœopathy I could not have cured this case, still I must not confess to being a homœopath, although, outside of Homœopathy, I know of nothing that could have cured it. The polypus was a sycotic manifestation, and the minimum dose of *Thuja* cured it. *Hydrastis* did a little good below the midriff; *Tellurium* cured the otorrhœa, leucorrhœa, and constipation. Shades of Carrol Dunham, tell us *why*? But the polypus would not depart *sans* antisycotics.—*Ibid*.

ARALIA RACEMOSA.

CASE 1.—Miss B., æt. seven, had a night cough. The nurse said she was kept awake by it. The patient

did not cough much on going to bed, but it was bad after a sleep. *Aralia* 3 cured in two days. Similar coughs with her were wont to last for ten days or a fortnight.

CASE 2.—Not long since a lady said to me, "What shall I give my maid for her cough?"

"What *kind* of cough?"

"Generally at night she wakes up with it, and so keeps on and keeps the cook awake; the cook is quite worn out for want of rest."

I prescribed *Aralia racemosa* 3 with the result that the following night the maid had a good night, and the second night she did not cough at all.

I have previously published an article on the "Cough of *Aralia*," and increased experience shows its complete reliability in *this kind of cough*.

J. C. BURNETT, M.D., London.

CACTUS GRANDIFLORUS IN HEART DISEASE.

BY

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One of the most striking cases of relief from the use of this medicine came under my notice some few years ago when I was practicing in Maidstone.

I had been called in to attend a patient who was suffering from post-scarlatinal dropsy. The patient was a girl of eleven years of age, and her parents had treated the scarlatina without medical help.

This might be all very well, but when their child's skin was peeling they undertook to give her a little drive in an open trap. March had not yet turned his back upon us, and

the wind was in an awkward quarter. The result of this little outing was an attack of renal dropsy.

When I was called in to see the patient, her hands, feet, face, and abdomen were all puffed out with fluid in the tissues. It was evident, therefore, that I had not received an early summons. But there were a few lotus eaters in Kent at that time, and I have no doubt that some live there still. *C'est l'influence du climat*, the hop-gardens, or the chalk.

After some weeks of treatment I managed to reduce the swollen condition of the face, hands, and feet, but the ascites did not yield very much to the action of my remedies. I gave *Belladonna*, *Apis*, *Arsenicum*, *Apocynum*, and other medicines which seemed to meet the symptoms, but I cannot say that the result was very striking.

I must not omit to say that there was a free deposit of albumen in the urine during the first fortnight of treatment, but this was reduced to a mere trace after a while.

However, one afternoon I received an urgent message to come and see the little girl, for she was very much worse and in great pain. I came without delay, and found her suffering from an attack of acute pericarditis. She was deadly pale, with a cold sweat on her forehead and also on her upper lip. Her pulse was quick and thready, and occasionally intermittent. The heart's sounds were sharp, with increase of pulse. I did not detect any friction sound. The poor child was propped up with pillows, and her legs hung down by the sides of the bed. She tossed her head from one side of the pillow to the other, and now and then put her hand over the region of the heart with a complaint of acute pain. Her breathing was labored and sighing, and she looked the picture of distress.

I gave *Aconite*, 3d decimal, in doses repeated every fifteen minutes for two hours, and stayed in the house to watch the effect of the medicine. But the symptoms were unchanged.

I then thought of *Cactus*, and went home for it myself. I brought a bottle of the 1st decimal dilution, and gave the patient a quarter of a drop. Within five minutes of taking the medicine she threw her head back with a cry of pain; but in a few seconds after this spasm of pain was over, she became easier, and within an hour's time she was lying in a peaceful sleep.

The patient slept for about an hour, and then woke free from acute pain. She took food and some brandy and water, and though suffering from dyspnoea and great weakness was marvellously better by the next morning. To make a long story short, my patient had some half-dozen attacks similar to the first before she died, but *Cactus* gave her relief from the pain in all.

By degrees the abdomen was filled with a large quantity of fluid, and the pericardium suffered from a similar distention. The labored action of the heart, the extended area of dulness proved this; but, more than all, a *post-mortem* examination which I made confirmed the accuracy of my diagnosis.

I found after death the pericardial sac filled with fluid. The muscular structure of the whole heart was greatly thickened. The valves were unaffected.

It is very plain, therefore, that *Cactus* may stand us in good stead in acute pericarditis for relief of pain and for shortening the attack. My patient was already reduced with blood-poisoning and renal dropsy, when she had her first attack, and this was almost a death agony, yet under the influence of *Cactus* it

passed away, to be succeeded certainly by others, which eventually caused the patient's death.

JULY 10, 1882.

**THE PRESENCE OF THE MICROCOC-
CUS IN THE BLOOD OF MALIG-
NANT MEASLES: ITS IMPORTANCE
IN TREATMENT.**

BY

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Philadelphia, Pa.

I propose to present for your consideration the report of the recent epidemic in the Children's Asylum of the Philadelphia Hospital. The ward in which the disease first showed itself contained children between the ages of two and three years; some of them had been deserted by their mothers, and others had been placed there temporarily whilst the mothers were employed in duties about the establishment. For the most part, these children presented a fair appearance of health; they were seemingly well nourished, of good development, though probably they would have been classed as "strumous," if their large features and tendency to glandular enlargements and eczematous eruptions had received careful attention. Together with all children of this class living in asylums, they certainly presented an open field for the production of those complications that are usually such fatal attendants upon measles.

I shall also embody the investigation undertaken by Dr. Henry P. Formad, now well known as the patient and thorough investigator of the microscopic appearance of the blood in diphtheria, associated with Dr. H. C. Wood, under the auspices of the National Board of Health. Dr. Formad examined almost daily the

blood of each little patient, and together we noted the presence of micrococci in the malignant cases, and their absence in those of mild type.

We entered this study with no preconceived views: the rapidity with which this exceedingly fatal epidemic came upon us necessitated careful study in order to attempt, if possible, to discover its cause.

I desire to call especial attention to the following points,—viz., the microscopic examination of the blood and the constant association of *micrococci* with the general manifestations of malignancy (a condition already well known), and the gradual but positive amelioration of all bad symptoms by treatment which was directed to the micrococci as the *fons et origo* of trouble (this I believe, for the first time exhibited).

It will be noted that the post-mortem examinations of these cases showed more or less simple pulmonary congestion, and at times simple enlargement of the glands, but usually so circumscribed as to preclude the possibility of its being the immediate or even remote, cause of death. Again the mode of death was peculiar: the fatal signs came on suddenly and with frightful intensity, the gasping breathing, the frantic efforts to obtain air (or really to aerate the blood), the imploring look, with consciousness not impaired, seemingly unduly acute, until the final convulsion or gradual cyanosis brought the end. The turgid veins, the occasional venous engorgement, the feeble pulse and the fluttering heart pointed unmistakably to but one cause, the gradually forming right-sided heart-clot; and the post-mortem appearances, as these notes show, gave us a large, tough, chicken-fat clot, obstructing the venous circulation, firmly planted in the right heart and its

tributaries, which was too often exhibited to raise a question. One of the earliest symptoms of this impending danger was undue rapidity of respiration. The child seemed to be doing well, its eruption irregular, probably incomplete, or dark and mottled, and in blotches, when attention would be called to the great rapidity of respiration with a peculiar gasping inspiration; fish-like in character. The other fatal symptoms would follow rapidly, and within twelve hours the child, despite carbonate of ammonia, warm baths, digitalis, etc., would die of heart-clot. What caused this?

In a short paper which appeared in the *American Journal of the Medical Sciences*, for January, 1882, I gave the experience of a number of cases of diphtheria, scarlet fever, and measles, and then attributed the condition to an increase of fibrin five to the rapid tissue-changes and the malignancy of the type of disease, and urged the importance of pushing an alkaline treatment from the start.

The microscope has shown here that something more is associated with this condition.

The moment that symptoms of malignancy—viz., dark eruptions, feebly defined crescents, delayed and imperfect appearance of the eruption, with feeble circulation, high temperature, and pharyngeal false membrane—appeared, the examination of the blood showed *micrococci* in abundance in the field. They do not simply lie as impediments to the free passage of blood, though they undoubtedly do this, and obstruct its passage in capillaries, but they surround the corpuscles, they enter the white corpuscles, and there develop with surprising rapidity, and finally cause some of them to rupture, and their contents will cover the field. Still if they alone clogged the circulation in

the capillaries, caused stasis in the lung, and thereby provoked an accumulation in the already enfeebled right heart, with blood having a tendency to coagulate, the cause of heart clot alone would seem explained.

We find that they develop with activity when the blood-current is retarded; hence we find them spread throughout the heart-clot itself, possibly at times having been here arrested by the obstruction to the flow caused by the lung-congestion known as a frequent complication of these cases, and finally aided, by a mechanical cause alone, the deposition of fibrin that form the clot. They do more. They act upon the white blood-corpuscle, destroy it in all probability, or at least, as one of the cases proves conclusively, prevent its change to red corpuscles, and thus, the oxygen-carriers being either destroyed or reduced in numbers, with none to replace them, the tissues retain their detritus for want of carriers to relieve them, and another factor is added to increase mortality.

Granted, then, that the appearance of *micrococci* is coincident with symptoms of malignancy, we must assert that, whether their association be *post hoc*, or *propter hoc*, they must have common cause; our treatment receives an impetus in a new direction.

I asked Dr. Formad what, in his experience, most readily checked the development of *micrococci* in his culture solutions obtained from erysipelas, diphtheria, etc. He answered *alcohol*. Dr. Campbell at once withdrew other remedies from the treatment for the future and gave whiskey. Five children had already died with the symptoms I have just described, and the sixth was exhibiting all the malignant symptoms, together with those which experience had taught us came from commencing heart-clot.

The child had rapid gasping breathing, was becoming cyanosed, its heart was tumultuous, and the rapid pulse was growing weaker. The instructions were to give *three ounces of whiskey within the next twelve hours, in frequent and small doses*. The treatment was carefully carried out, and the child was saved. In this child *micrococci* were found in abundance in the blood, but none had penetrated the corpuscles, and for a long time the preponderance of white blood-corpuscles was noted, which continued until gradually the blood became normal under the use of the proper remedy.

Again, let me illustrate another point. In one ward there were six cases at the height of eruption. I carefully examined, with Drs. Campbell and Markoe, each case. One was found to be of a malignant type. The child's right cheek was hardened and inflamed, and the mucous membrane showed that glistening surface so manifest in cancrum oris. The breath was fetid, there were cerebral symptoms, and a grayish exudation lined the fances. We wished to test the microscope, so, without reference to any particular case, we requested Dr. Formad to examine the blood of all. In five the blood showed no micrococci, in one a large mass appeared in the field upon the first examination, and this one was the malignant case. This child was placed at once upon large doses of whiskey, and it was also given, in tonic doses.

The *vegetable* acids have also this remarkable effect of checking the development of micrococci in culture solutions, especially acetic acid, but the mineral acids, also carbolic acids, it is said, have no such action.

The *bichloride of mercury* also possesses this quantity to a very marked degree.

Now let me, for a moment, review this subject in the light of treatment which to us is certainly of greatest importance. We may look at present upon the *micrococcus* as associated with the malignant symptoms of all complications known as "blood poisoning." It is found in erysipelas, in puerperal septicæmia, in diphtheria, and in malignant measles.

We know of late how surprising a result will often attend the use of alcohol and *corrosive sublimate* in malignant diphtheria, and also the value of vegetable acids, especially lemon-juice and claret, in this dreaded disease.

My cases simply illustrate one part of the subject. In this recital I do not allude to the other death-producing complications which are so universal. Children with measles will die of cerebral complications, of pneumonia, of enteritis, and entero-colitis: with these we have nothing to do at present. Their treatment will of course, depend upon the lesions.

I have simply brought forward the subject of "blood-poisoning" for your consideration, and, as these remarks are based upon the careful study of but one epidemic, they cannot be submitted as conclusive, but simply as illustrative of what may at some future time be accomplished by studying, not merely the bacteria anatomically and physiologically, but by experimentation with bactericides as antidotal in their action in diseases they may cause or complicate.

The complications which seem warranted by the statements of this paper, and by observations made in other cases in the hospital, are as follows:

The *micrococcus* is found in the contents of pustules and vesicles, and also in the blood taken from the measles papule in ordinarily mild cases, without its being present in the blood

taken from the punctured finger. In severe cases, called malignant in this paper, owing to the rapid appearance of morbid symptoms, the blood shows early in the attack numerous patches of micrococcus in the field.

In cases of rapid sthenic disease with temperature and great tissues change, the evidences of large quantities of fibrin with a tendency to coagulation are manifest. The rapid production of micrococci soon gives the mechanical impediment, and if stasis takes place from any other obstruction to the circulation, clots rapidly form.

The non-appearance of clots in malignant fevers attended with fluid blood, such as low forms of typhus, diphtheria, etc., is simply due to the fact that rapid tissue changes have resulted in decomposition, instead of into fibrin-forming substances,—no fibrin is formed, hence no clots,—but the micrococci are present all the same. These cases are held by some to be the malignant ones, but I think the *foudroyante* character of the others, just mentioned, entitles them to be placed in the same category.

But the micrococcus, if left unheeded, may attack the white corpuscle as distinctly seen under the microscope, and destroy its contents. The red cells also change in appearance, and finally probably become, to all intents and purposes, useless in the economy. When such a condition is seen by the microscope and found extensive, a fatal prognosis can be given, despite the most active treatment.

In cases where the white blood-cells are as yet unaffected, treatment, when active, will be followed by good results, provided the other complications, as visceral inflammation, etc., are not in themselves excessive.

Alcohol (whiskey in our cases) seems in some way, to check the

progress of the marauders, to arrest the process of destruction, and, if needful, can be associated with other remedies in small repeated doses, and frictions, baths etc. As we have seen, the symptoms presented are contemporary with the changes going on within the blood; they may, in lieu of a careful microscopic examination of the blood, be taken as a gauge for treatment; knowing what can and will take place, early active treatment will give the patient some chance for the future.—*Phila. Med. Times.*

ARSENIC PAPERS.

BY

DR. USSHER.

Two years ago I attended Mrs. W — in her confinement. I then pointed out to her the deadly nature of the paper in her bedroom and in their sitting-room. The latter has been altered, the former not. Since then she has had four miscarriages, and one of her children died. She is now *preparing* to take my advice. Another poor woman, whose heart is diseased, called forth my sympathy, and I gave her a paper of Woollams & Co. I believe instead of adorning her rooms, she has unselfishly bestowed them where there was greater need, and endures the arsenic. How true it is, "The poor ye have always with you."

Patient says: "I have got a virulent attack of influenza, *my nose streaming with water incessantly, with a tendency to headache*, but no other symptoms at present. Can you send me something to prevent it entailing anything worse and to hasten its departure. *It came in the night without any warning whatever.*

I prescribed *Kali Iod* ix, a few drops in two ounces of water, teaspoonful doses. The first dose healed him. I observed afterwards that the nostrils were excoriated.—*Ibid*.

TWO CASES OF HYATID PREGNANCY.

CASE I.—Madame L., small, well-shaped, healthy, 25 years old, five years married and childless. When I first her, in February, she had not menstruated since the previous November; she had all the objective and subjective signs of pregnancy. Called the following July, I found her in apparently the first stage of labor. These pains had been persistent during three days, and were accompanied by a dysenteric diarrhœa with continual tenesmus. The uterus had not increased in size since February; the neck was firm; some clots and a redish liquid had been passing from the vulva during the night. Next day the os was open, the neck partly effaced, uterus in the superior strait median line. Expulsive pains continued.

At two in the afternoon, she gave birth to a fleshy mole, weighing 250 grammes, reproducing exactly the form of the uterine cavity; no trace of an embryo or umbilical cord could be detected. The hemorrhage was insignificant. She menstruated regularly from August to November inclusive. From that period no menstruation. In September she was delivered by forceps of a dead child, and has since (five years) been sterile.

CASE II.—In March, 1849, I visited Madame C., forty-six years old, and the mother of six children. During six months she had been constantly losing flesh and appetite. For the last fifteen days she vomited food and drink as soon as they were taken.

Obstinate constipation, abdominal tenderness and tympanites. A round tumor extending two fingers' breadth above the pubes. Pulse and temperature normal; uterine less frequent. She was unable to sit erect without fainting.

Uterus voluminous; movable. Median neck effaced, and from the opened os poured a dark, fetid, bloody liquid, which had been flowing in more or less abundance during three weeks. Menstruation before regular had not appeared in two months. Under appropriate treatment the dyspeptic manifestations ceased, and vomiting and pain in the stomach became less urgent; the appetite returned, and she considered herself well. From this time to April, the tumor increased rapidly, until it reached the proportions of a uterus at full term. At several times there were abundant nocturnal hemorrhages with uterine contractions. In the midst of a crisis, at which I assisted, and which nearly proved fatal by prolonged flowing and repeated syncope, three tumors were expelled through the vagina. Each was a fleshy mole about the size of a fœtal head. Perfect recovery followed.

In both cases were observed all the symptoms following true labor: fluxion of the breasts, flowing of milk and lochia. In the first instance there was but trifling hemorrhage, while the loss was imperilling to life in the second. Both were attended with grave reflex stomachal phenomena.

M. STANTON, M. D.

DYSTOCIA.—M. Dapaul communicates to the French Academy of Medicine, the following interesting case of dystocia. The patient was thirty-two years old, in good health, and nearly at the close of gestation

Five days previous to her entrance into the hospital, there appeared at the vulva a livid elastic mass, about the size a man's fist, emitting a horrible odor. The midwife and physician called in, pronounced it a placenta. On examination it was evident that it was but the prolongation of another tumor much more voluminous. Labor came on the same day, and soon the exterior tumor became so large that it was almost impossible to pass the fingers into the vagina. The movement of the fœtal heart becoming feeble and irregular, he drew out the tumor, little by little, with his hand, until he had a mass of enormous size in comparison with the cavity which had contained it. It proceeded from the left side of the entering lip of the uterus. He cut the pedicle without serious hemorrhage following, and quickly extracted a living child. The tumor weighed 1,790 grammes, was fibrous and quite vascular. M. STANTON, M. D.

THE LIGATION OF LARGE VENOUS TRUNKS.

CASE I.—*Large adenoma of neck—Ablation, denudation, and exposure of internal jugular vein—Recovery, without untoward complication.*—Peter H., aged 37 years, native of Sweden, of robust physique, was operated upon by me for the removal of a large cervical adenoma, November 13, 1880. The tumor, situated on the right side of the neck, was bound down by the sterno-cleido-mastoid muscle, and projected from beyond the anterior border of this muscle so as to crowd the larynx to the left of the median line. Posteriorly it occupied the space beneath the mastoid process. The enucleation and removal of the tumor necessitated the denudation of the internal jugular vein in the middle

of the neck over a space of one inch and a half, and its exposure for more than half a hour. Three veins of considerable size in the mastoid region required ligation. No special antiseptic measures were employed. The wound was dressed to secure primary union as far as possible, which was accomplished over the greater part of its extent. The venous ligatures came away during the third week. The patient made a rapid and complete recovery, without any symptom indicating any disturbance of the internal jugular vein.

CASE II.—*Mammary carcinoma—Ablation—Recurrence for second time in axillary glands—Ablation—Wound and ligation of axillary vein—Recovery, with persistent œdema of arm.*—Mrs. Susan A., aged 63 years, was operated upon by me, January 15, 1881, for the removal of an axillary tumor which had recurred for the second time after a primary ablation of the breast for carcinoma. The primary operation I had performed May 29, 1878. A year later (July 8, 1879), immediately upon its detection, an enlarging axillary gland was removed. A second recurrence, involving other of the axillary glands, was allowed to gain greater headway before the patient applied for relief. All the axillary glands were then involved. In the course of their complete removal it was necessary to sever the subscapular vein at its point of entry into the axillary. The axillary vein was then ligated above and below the wound with silk thread, the operation not having been done antiseptically. The progress of healing was delayed only by the presence of the ligatures, which came away during the third week. At the present time—more than a year after this third operation, and nearly four years from the date of the first—this lady remains in apparent good health with-

out any sign of recurrence of carcinoma; but there persists in the arm of the affected side some œdema and a perceptible diminution of strength.

CASE III.—*Wound of internal jugular vein—Lateral forcipressure—Recovery.*—In November, 1881, W. B., aged about 45 years, stabbed himself in the neck with a small dagger. The weapon, having been thrust into the right side of the neck, passed through the sterno-cleido-mastoid, grazed the internal jugular vein, inflicting a small wound in it, and finally penetrated the trachea. My brother, Dr. James E. Pilcher, was at the side of the patient in a few minutes after the infliction of the wound, the hemorrhage meanwhile having been kept repressed by pressure. Having enlarged the wound sufficiently to enable him to identify the vessel and expose the opening into it, which was a simple slit in its anterior wall, a quarter of an inch in length, he applied a lateral ligature; but this was caused to immediately slip off by an extension of the neck, produced by the falling back of the head when the patient was being placed in bed. Hæmostatic forceps were then applied, which, perfectly arresting the hemorrhage, were left to produce permanent obliteration of the wound in the vein. They were removed on the second day thereafter. No further hemorrhage took place. The wound healed by granulation, and a perfect recovery was accomplished.—L. S. PILCHER, M. D., in *Phil. Times*.

CHINA IN ERYSIPELAS.—Dr. Jousset has recorded two cases of erysipelas of the face and of the scalp treated successfully with *China*. In the first case, that of a man of fifty, the symptoms were: intense fever, considerable dyspnœa, continued somnolence

interrupted by delirium, profound adynamia. In the second, that of a woman of fifty-five, the symptoms were: enormous swelling of the face, closure of the eyes from swelling of the lids, several large vesicles full of serum on the cheeks, pulse 120, temp. 39°C. (102.2°F.) delirium constant but mild. In the first case *China* alone completed the cure, the patient being convalescent after four days' treatment. In the second, *Bell*, 3 had to be given as an intercurrent remedy for hallucinations of vision which came on while the patient was improving under *China*, hallucinations which the patient knew to be such. In both cases, *China* was given in mother tincture, 5 grammes in 200 grammes of water, one spoonful every two hours.

Dr. Jousset acknowledges his debt to Dr. Jacoud of Lariboisière for this mode of treatment of erysipelas. But he truly says that the success of *China* does not depend, as imagined by Dr. Jacoud, upon a tonic action of the drug, but as may be seen from its pathogenesis, upon its actual power to produce in healthy man not only an acute eczema, but a cutaneous inflammation similar to erysipelas, and a remittent type of fever with excessively grave adynamia.

EFFECTS OF TOLUOL-DIAMINE UPON THE ANIMAL BODY.—Stadelmann, from a series of experiments upon dogs, first confirmed the fact noticed already by Schmiedeberg, that this agent was capable of causing decided and lasting jaundice, and next proceeded to determine its cause. His observations made upon animals, both with biliary fistula and without, were carefully conducted, and demonstrated that in general, within twenty-four hours after the administration of the remedy by the stomach,

hypodermically, or intravenous injection (the first being slower than the others, as a rule), bilirubin and biliary acids appeared in the urine, but hæmoglobinuria occurred in only one out of between thirty and forty cases. The effects of the remedy remained only for a few days. The author believes that the results are to be explained by a resorption icterus, due either to duodenal catarrh or some acute disorder of the capillary circulation in the liver: the blood-pressure, however, in other cases was not altered, at least within the first three hours after giving a full dose (3 grm.) of the remedy. Where the biliary fistule existed (it had been *in situ* for eighteen months, and the dog was well), in both cases polycholie first occurred, under the influence of which the icterus began; later there was a marked thickening of the bile, which apparently afforded an opportunity for reabsorption of the bile. It is noteworthy that in cases with biliary fistule a much greater quantity of the remedy was required than in others, and, besides, that the jaundice rapidly disappeared.—*Zeitschr. für Exp. Pathol.*

THE PHYSIOLOGICAL EFFECTS OF BOLDO.—During the last few years several articles have appeared in relation to *boldo* an evergreen shrub from Chili, the leaves of which contain a volatile oil. A tincture and extract of the drug have been used in general debility and weak heart; the oil has been recommended for its influence on the mucous membranes, and especially in inflammation of the genito-urinary tract. Verne, who directed attention to it in 1874, has recently made some physiological experiments to determine its effects in man upon the circulation, temperature, quantity of urine, and excretion of urea. (*Bull.*

Gen. de Thérapeut., April 15.) He concludes that the "aromatic substances and *boldine* are eliminated by the urine. Boldo has no effect on the circulation, temperature, or upon the quantity of urine, but it sensibly augments the elimination of urea." In this respect it resembles coca, as it does also in a slight exhilarating effect.

DOUBLE OVARIAN TUMOR.—A case of double ovarian tumor lately reported, developed as follows: Meneses became irregular in the spring of 1879. About a year thereafter a hard tumor, uterine or ovarian, was discovered occupying and extending beyond the boundaries of the right iliac region. In April, 1881, the tumor, then diagnosed as ovarian, appeared to be partly solid and in part semi-solid, and filled the whole abdominal cavity.

An operation for its removal was performed in May, 1881. It was found to have two pedicles, one from each broad ligament; both ovaries being destroyed. The pedicles were equal in breadth, but different in length. The ileum, vermiform appendix and great omentum, were adherent to the tumor. The remarkable features of the case were: (1.) That to the right and longer pedicle was attached a cysto-sarcomatus tumor. (2.) The tumor in connection with the left was of a common cystic character. With proper care and treatment, the patient, six months after the operation, was enjoying good health.—*College and Clinical Record.*

AN EPIDEMIC OF SCARLATINA.—This disease, which prevailed in a

part of Illinois during the fall, winter and spring of 1880 and 1881, presented some very unusual features.

The first peculiar feature of the disease in this epidemic was that it existed in all degrees of severity, from the form known as defaced scarlatina, to the most malignant. Some there were, who complained of unpleasant sensations in their throats, but who presented no external evidence of the disease; neither was there much change in the condition of the buccal cavity save a brown coat upon the tongue, through which projected the red papillæ. The tonsils were slightly enlarged. The only marked condition in this class of cases was the congested condition of the fauces which extended over the entire pharynx. Besides there were no other objective symptoms of scarlatina. These cases all recovered perfectly without treatment, in a week or ten days.

That these were truly cases of "defaced scarlatina," was evinced by the fact that several severe cases (some of which were fatal) were directly traceable to them. Also there was no case, in which a person who had suffered with "scarlatinal sore throat or defaced scarlatina," which again presented itself; although other members of the family subsequently contracted genuine scarlet fever, which was accompanied at its inception and during its progress by all the symptoms and by the peeling of the skin at the lips.

The second peculiar feature of this epidemic was its hybridism, and its amalgamation with measles. The author of the report cited several cases, among which was a family in which four presented all the symptoms of scarlet fever, and one, the symptoms of measles. Two of those suffering with scarlet fever were slow in recovering, as their condition was

accompanied by severe complications. In another family the mother, two days after the appearance of measles, was attacked with whooping-cough. On the sixth day of the attack of measles, the rash of scarlet fever made its appearance, from which time her condition greatly increased in severity. Numerous other cases, similar in character, and varying in degrees of severity were reported. Although epidemics of measles and scarlet fever frequently coexist, measles usually preceding scarlet fever, as records of such show, notwithstanding, the author of the report was unable anywhere to find a record of an epidemic, similar to the one to which he called attention, in which the two diseases were amalgamated.

WHAT THE PHYSICIAN OF THE FUTURE MUST STUDY.—Physiology especially has developed during the last fifty years, so that it has almost become a science by itself, but it still remains a part of the wider science of biology. Here again we see a difference between the studies of the ancient and modern physician. To-day, and still more in the near future, the physician must extend his studies beyond man, and the reason is plain. Man, with whom alone the physician formerly supposed himself concerned, is but an isolated being disconnected from the rest of nature. Nature tolerates no such isolation. No living being, even the simplest, exists, or can exist independently of other beings. It affects them and is affected by them, and what is true of the simplest is yet more true of the more complex, and most of all of man. Nature is one, and all her creatures are parts of the

whole. For this reason man can not be fully known merely as man, he must also be known as a part of the animal kingdom. No one can well understand human anatomy or physiology who knows nothing of that of the lower animals. Comparative anatomy and physiology have thrown very much light upon many obscure problems to which the study of man gave rise. Therefore, I would most earnestly urge upon all medical men the study of biology. It may be replied that the courses of study are now crowded, but it is certain that the successful physician of the future *must* know something of nature as a whole. Already many of our most important theories as to disease—the structure of organs, cell-growths, cell-life, and many more—have come to medicine from biology. In an address before the International Medical Congress held in London in August, 1881, Professor Huxley remarks that “the search for the explanation of diseased states in modified cell-life, the discovery of the important part played by parasitic organisms in the etiology of disease, the elucidation of the action of medicaments by the methods of experimental physiology, appear to me to be the greatest steps which have ever been made toward the establishment of medicine on a scientific basis. I need hardly say, they could not have been made except for the advance of normal biology. There can be no question, then, as to the connection between medicine and biological science. There can be no doubt that the future of pathology, of therapeutics, and therefore of practical medicine, depends upon the extent to which those who occupy themselves with these subjects are trained in the methods and impregnated with the fundamental truths of biology. And I venture to suggest that the collective sagacity

of this congress could occupy itself with no more important question than with this: How is medical education to be arranged, so that, without entangling the student in those details of the systematist which are valueless to him, he may be enabled to obtain a firm grasp of the great truths respecting animal and vegetable life without which, notwithstanding all the progress of scientific medicine, he will still find himself an empiric?”—PROF. G. H. PERKINS.—*Popular Science Monthly*.

SIMPLE METHOD OF COMPRESSING THE BRACHIAL ARTERY.—Dr. Schivelbein (*Bull. Gen. de Therap.*) suggests pressing the arm against the body very strongly and fastening it in that position. The patient then lies down on that side, the weight of the body serving as a compressor. In an emergency requiring the patient to sit up, he can press the arm against some immovable body, as a wall. By this means the radial pulse can be made to cease beating altogether. The method is worthy of trial when other means of compression cannot at once be obtained.

SOME NEW COMPONENTS OF NORMAL HUMAN URINE.—Experiments by Drs. Schiaparelli and Peroni (*Gazz. delle Cliniche*), according to a review of the work of these experimenters, have discovered in healthy human urine traces of lithium, cerium, rubidium, cesium, lanthanum, and didymium. The former three are associated with alkaline metals, the latter with calcium.

THE RELAXED UVULA.

BY

E. B. SHULDHAM, M. D.

Some thirty or forty years ago little or nothing was known about the uvula, either by medical men or by the general public.

Indeed, this little accessory to the throat apparatus was looked upon as a sort of novelty by the public when spoken of by medical men. It was a discovery. In the dark ages good folks suffered from coughs and colds, bronchitis, and lung disease; but there were no uvulas in those days, at least none worth talking about, and consequently there could be no troubles attached to possessing such an organ. Coughs all came from the lungs, or the liver, or far away down from some *terra incognita* in the abdomen.

The cough remedies were all directed against the results of a cough—namely, the phlegm—and not against the cause of a cough—namely, an irritable mucous membrane. The remedies were supposed “to cut the phlegm,” and “to raise the phlegm.” I have been long and often puzzled to learn the *rationale* of “cutting the phlegm,” but can only trust the traditions of the past for this feat of legerdemain.

Now, thanks to the pioneers in the treatment of throat affections, we have learned that there are other factors in cough-producing besides an irritable lung or bronchial tube. We have found out that a relaxed uvula will cause one of the most trying and one of the most obstinate of coughs.

It is a cough which defies treatment; at any rate, it defies careless rule-of-thumb treatment. It defies the efforts of any man, or woman either, who thinks to treat it by trying “to raise the phlegm” by giving the old-fashioned expectorants.

It also defies many a sedative; it won't be soothed and it won't be bullied.

It must be recognized. For lack of recognition, it harasses everybody within earshot, patient included.

What is to be done?

If you hear of a cough which is worse on lying down, worse on first getting up, worse on coming from a cold air to a warm room, worse in a carriage of the underground railway, worse after talking, and especially laughing, you may with safety ask the patient to open his mouth wide and let you have a look at his throat.

For thus you will in all probability find a relaxed uvula and an irritable mucous membrane of the pharynx.

The patient may say, “I cough till my head aches, and till my eyes start out of my head, and can get up little or no phlegm.” You are thus quite sure of your cough, or ought to be, and can safely say, “It is of little consequence; your uvula is relaxed.”

This is too much for some patients, who believe in their heart of hearts, and wish it too, that they are suffering from chronic bronchitis or an incurable lung affection. “It is of little consequence”!!!

What, all these sleepless nights! all these mixtures! all these pills! all these cough lozenges! all this careful wrapping up! Are all these of little consequence? Nay. The medical man who is sure of his cough and of his remedy also can safely answer “Yes.”

A few years ago he could not have answered with the same confidence, for the throat was an unexplored territory, or at any rate comparatively unexplored. Quinsy was a throat affection, to be sure, and people had enlarged tonsils occasionally, and the tongue was observed, but the poor little uvula was left out in the cool

shade of retirement, and the pharynx was a neglected constituent.

But now we all know something about uvula and pharynx also, and the public knows one or both by name.

What I wish to show is that in the treatment of the cough of the relaxed uvula, the great point is to shorten the uvula, and by so doing to soothe the irritability of the mucous membrane of the throat.

The usual history of this kind of cough is that the patient catches cold, the throat becomes affected, inflammation of the parts is followed by relaxation of the same.

The uvula being partly muscle and partly mucous membrane, loses its contractility, and instead of rising clear of the pharynx it rests against the pharynx under certain conditions; and as this structure is already weak and irritable from the attack of cold, with its mucous membrane detached in parts and its superficial nerves exposed, the least little touch of the uvula is enough to tickle the throat nerves.

The throat nerves being once tickled convey the impression to the rest of their fellows who preside over the machinery of the respiratory organs.

What is the result?

A fit or many fits of violent and spasmodic cough.

Why?

Because the uvula is too long and the pharynx too irritable.

Now, the next question to be considered is, Which part requires our first attention, pharynx or uvula?

I say unhesitatingly, Uvula.

To this some scientific colleague may reply: "Is relaxation of a part more important than subacute inflammation of a part?"

In this particular instance it is so. My reasons for holding this view are as follows:

A patient may suffer from chronic follicular catarrh of the pharynx, and may be very slightly troubled with cough, provided his uvula is not relaxed.

I have seen very many cases of this chronic throat trouble where the follicles of the pharynx were enlarged and inflamed and the mucous membrane evidently detached in parts, and yet there has been little or no cough present. On the other hand I have seen a fairly healthy pharynx conjointly with a relaxed uvula, and cough has been the leading feature of the case.

In many cases the same cold which led to inflammation of the pharynx also attacked the soft palate and caused the uvula to be relaxed, so that we may see the double phenomenon of chronic pharyngeal catarrh and relaxation of the soft palate. Moreover, so long as this uvula remains relaxed, so long will the pharynx continue irritable.

Fortunately for the patient, some of the remedies which touch the uvula touch the pharynx likewise. This is notably the case with regard to *Hepar sulphuris*.

However, before going to the treatment of relaxed uvula, I will say a word or two as to its general conditions. The usual beginning is a cold which affects the throat, involving the soft palate. But the uvula may become relaxed from other causes besides catarrh of the throat.

It may be affected mechanically by long-continued efforts of speaking or singing, by the irritation of chemical vapor, tobacco smoking, and by the mechanical irritation of a chest cough.

So that when we find a patient suffering from a relaxed state of the soft palate, we must look for every possible cause for this condition, as some practitioners imagine that a relaxed

uvula is a very simple affair, and, taken as a special symptom, is of little account.

When this state of the soft palate is met with as a result of slight catarrh of the throat, and is recognized at an early stage, it is of little account for it is then very manageable. But when it has lasted for months, or perhaps years, and accompanies chronic bronchitis or chronic pharyngeal mischief, it is then one of the most troublesome conditions which call for treatment. It is difficult to treat because the structures are altered, the mucous membrane is thickened and also relaxed, the muscle of the uvula is also enlarged and relaxed, consequently there is more cause for mechanical irritation of the pharynx, and there is less possibility of reducing this cause to a minimum. Indeed, in some cases medicinal measures are of slight avail, and we must call in the help of a little painless surgery to effect a cure.

Some authors have stated that the cough which exists in these cases of relaxed uvula is due to the epiglottis being touched by the pendent uvula; but when we have seen a few cases of exceedingly troublesome throat cough where the uvula is only slightly lengthened, we can rest assured that it would require a very long uvula indeed to reach the epiglottis, and when it had got so far it would have touched a structure which has not one fiftieth part the sensibility which is possessed by the pharynx.

To return for a moment to the various causes of relaxed uvula. I can safely say that it is hereditary. It is so in my own family.

Sir George Gibb removed the end of my own uvula some years ago, when I had been suffering for months from a most violent and spasmodic cough. He did the same kindly

office for my father, whose case had been thoroughly misunderstood by his own family practitioner and one or two other wiseacres besides, who diagnosed chronic bronchitis, and sent him to the most relaxing part of Devonshire they could pick out. The symptoms in my father's case were so severe that he was obliged to sit up in bed night after night, and he was reduced to a low state of health from want of sleep and incessant throat irritation.

Hearing this—for I had not seen my father for some months—I advised him by all means to consult Sir George Gibb. He did so. The same trifling operation was performed which I underwent myself, and very shortly his cough disappeared. With the flight of the cough good nights returned, and health was restored.

I write this bit of family history to show the hereditary influence in these cases, to show the hurtfulness of not recognizing a relaxed uvula, and also to show the speedy relief obtained by judicious treatment.—*Ibid.*

GALEZOWSKI ON OPHTHALMIC MEGRIM.—In 1877, before the Congrès International held at Geneva, Dr. Galezowski read a paper based upon seventy-six cases of nervous disorder, which he includes among the affections of the fifth nerve and of the vaso-motor nerves of the retinal centre. He regards ophthalmic megrim as an affection of that part of the fifth pair which supplies vaso-motor nerves either to the visual centres—such as the corpora quadrigemina, the corpora geniculata of the optic thalami, and the chiasma—or to the parts lying more peripherally, such as the optic nerves and retina. In a short contribution to a recent issue of the *Lancet* (February 4, 1882) he reports four more cases of the same charac-

ter, which demonstrate the further important point that ophthalmic megrim, which has hitherto been considered as a mere nervous symptom, may occasionally lead to organic changes in the retina or retinal vessels, in the nature of thrombosis, atrophy of disk, etc.

VAGINAL OVARIOTOMY.—In the March number of the "*New York Medical Journal and Obstetrical Review*" Dr. W. H. Baker, Instructor in Gynæcology in Harvard University, relates a case in which he removed a suppurating dermoid cyst of the ovary *per vaginam*, and remarks that the success which now attends ovariectomy by abdominal incision renders the cases very few in which removal by the vagina would be the better method. He would limit it: First, to cases where the cysts are small and their contents bland, so that removal can be effected without difficulty, and without great danger of septic peritonitis from the escape of any of the fluid into the peritoneal cavity. Second, to dermoid cysts so small as to be removed through the vaginal incision without evacuation. In the case of an ovarian cyst firmly adherent in the pelvis, he believes the best operation to be that of drainage into the vagina, with subsequent destruction by suppuration or by the cautery.

BOOK REVIEWS.

A COMPLETE MINOR SURGERY, THE PRACTITIONER'S VADE MECUM, INCLUDING A TREATISE ON VENEREAL DISEASES. By E. C. FRANKLIN, M. D. Gross and Delbridge, Chicago, Ill.

Dr. Franklin essays in this book of 416 pages, to give all necessary information for the guidance of the young

or, inexperienced surgeon, but we cannot but think that he who should depend upon it for guidance would make sad work of some of his cases. It contains much that might as well have been left out, for instance, Part 1st, which is made up of material of no value whatever in the way of instruction, for it is simply a rehash of what we have read time and again. The succeeding chapter on apparatus of dressing, while open to the same objection, is more satisfactory, particularly the section which treats of bandaging. The author goes quite fully into the subject of anæsthesia, general and local, giving some hints, which although not new, cannot perhaps be too often repeated. The subject of fractures is treated in detail, and on the whole satisfactorily, the difficult methods employed by surgeons being well brought together. The author thinks highly of symphitum for promoting the reparative process, the proliferation of cells and the rapid formation of the constructive callus. Iodine or calcaria is recommended if the patient be of a scrofulous constitution. There are some few other suggestions, the Homœopath knows are valuable, but the description of chancroid and chancre in the latter part of the book we consider faulty and tending to mislead. The physician who looks to find the chancroid of any particular form, as described, will be disappointed, and the treatment is not up to the times. We do not question Dr. Franklin's ability as a surgeon, but he has not given us a work which fills any great need.

GEO. B. DURRIE, M. D.

SURGICAL PRINCIPLES AND MINOR SURGERY. By J. G. GILCHRIST M. D. Duncan Brothers, Chicago, Ill.

This book is stated by the author to be the first of four volumes, inten-

ded for the aid of the student in an ideal course of medical instruction. It is well put together and gives in concise form the first principles necessary to be known by the young surgeon. Part 1st, on surgical diagnosis and semiology, while containing perhaps nothing new, is certainly as good of its kind as anything we have seen. The language is plain, and there is no skipping of things supposed to be known, and yet which are often not known. Bandaging is well treated of, only the more necessary forms being described, and the directions for treatment of fractures are excellent, covering many points left out of more ambitious works.

On the whole we heartily commend Dr. Gilchrist's book, because it contains all that should be contained in a work on minor surgery, and nothing more. The latter being a strong point. GEO. B. DUKRIE, M.D.

NEWS AND ITEMS.

Dr. W. B. Carpenter is to pay an early visit to the United States and Canada. He will deliver the next Lowell lectures in Boston.

I have used Nestle's Milk Food for infants and for invalids with very delicate stomachs and found it both acceptable and agreeable to the patient and of excellent service as a nutrient.—R. LUDLAM, M.D.

Dr. H. T. Bigger, of Cleveland, an eminent authority on any subject has been thoroughly testing Maltine and reports it to be the most pleasant as well as effective tonic, having no equal or substitute.

The case is reported in the "Transactions" of the Michigan State Medical Society of a young man who was treated, during an attack of pneumonia, with prescriptions containing forty-nine different ingredients. He is reported as having survived.

* There is great aid in France just now about the lunatic asylums, which, however, are probably no worse than our own. To

France is due the credit of first treating lunatics with kindness, and the name of Esquirol deserves to be held in lasting remembrance for removing a blot from humanity. The accommodation in the French public asylums is now very insufficient.

LACTOPETINE.—This is a remedy which we have prescribed during the last four months with a good deal of satisfaction to ourselves, and benefit to our patients. It certainly is a very valuable preparation for various forms of indigestion, and is composed of pepsin, pancreatine, diastase, ptyalin, lactic and hydrochloric acid. It is to be had at almost every drug store, and we invite our readers to give it a trial.—*Canada Record*.

A DELICIOUS BEVERAGE.—Acidulated drinks are refreshing, especially in warm weather, but the constant use of lemons or limes is apt to interfere with the regular action of the bowels. Horsford's Acid Phosphate, with water and sugar only, makes a delicious beverage, which allays the thirst, aids digestion and benefits the whole system. It cures the lassitude so common in mid-summer, and relieves the exhaustion following excessive mental or physical labor. Many prominent physicians have used it in their practice, and give it their unqualified approval.

The transactions of the sixth annual meeting of the American Homœopathic Ophthalmological Society and Otological Society are now in the hands of the printer. They will probably constitute a larger and more valuable volume than any of those of previous years. Among the papers are many of permanent value—being contributions from the experience of some of our most widely known specialists. Pathological cases are discussed, new surgical procedures explained, malformations illustrated, and anomalous cases described.

Among the clinical notes of value may be mentioned a paper on "Cinchona in its relation to the Middle Ear," and one on Nux Moschata as a remedy in "Scleritis."

The minutes of the Indianapolis meeting will also be given, with a list of members of the society.

Each member not in arrears will receive a copy of the Transactions as soon as published.

This volume, or that of any year since the organization of the Society, will be mailed by the Secretary to any address, on receipt of price—fifty cents.

F. LEWIS PARK, M.D.,
Buffalo, N. Y.

THE AMERICAN HOMŒOPATH.

NEW YORK, OCT., 1882.

CRIMINALS.

HOW FAR DOES THE COMMISSION OF
CRIME GIVE EVIDENCE OF DISEASE?

BY

G. W. BOWEN, M. D.

Fort Wayne, Ind.

Some years ago this subject was broached, and now again the attempt will be made to enlist the attention of those whose comprehension is expansive enough to see its relative importance to the welfare of the community. It is certainly a subject the physicist, and more especially the medical profession, should deem worthy of special attention. When we consider the immense expense incurred by the people for the criminal class in this country alone, the question would naturally arise, why cannot this be to a certain extent prevented? Laws have been made, and as far as practicable executed, but the effect to lessen is not appreciably apparent.

Much has been done by philanthropists to ameliorate the condition of those who have been caught in the meshes of the law, and held under surveillance for a period of probation; but as yet, no efforts have been made except those of privation, isolation, and moral suasion. No measures have even been contemplated which would serve to comprehend the cause or propelling impulse to commit a crime, and its removal or eradication. No sane medical man can doubt that such causes may exist, and exercises a preponderating tendency to the commission of certain crimes, and yet no systematic effort has ever been suggested looking to the giving back to usefulness and an honorable life those unfortunates, by individual, judicious medical treatment. Usually

he is considered beyond the pale of scientific aid, and left to the care of the State, not to be reached except by Divine or executive mercy.

CLASSIFICATION.

Crimes should be classified as natural or unnatural. It is too apparent that some abnormal conditions make the individual more prone to commit crimes, or less capable to resist the inclination, and such are, to a limited extent, not accountable for their commission, but are the fit subjects for State surveillance and care. They, from defective organization or from deficient moral culture, are only amenable to physical force, but if young, could yet be raised in the scale of intelligence and to accountability. It is from this class emerges the *natural* criminals. Crimes of an unnatural order are the acts of persons who ordinarily are normal in attributes, and capable of understanding the results of a cause, or that the commission of a crime will probably bring its punishment. For this class there is favoring probability of rendering aid effectually for the removal of the tendency to the committing of crimes.

CAUSES.

Many and various are the causes leading to the commission of a crime, but all those of a grave or malicious character must emanate from a cerebral hyperæmia, resulting from disease or drug action. An æremic condition of the brain does not, and cannot, stimulate to either violent acts or vicious thoughts, but does produce its negative, or a state of negation. It must be apparent without either physiological or psychological elucidation, that irritation or stimulation of the brain rouses it to action, either for good or ill, and if carried to

excess renders that organ incapable of normal or healthy action by holding in abeyance, or paralyzing the ability to reason or to use discretion or correct judgment. Among the causes that contribute to force an excess of blood to, in, and on the brain, are anger, drugs, sunstroke (or heat), and alcoholic stimulants. Any one of these may produce its results suddenly or slowly, as its effects may be so great as to prevent any action by causing so great a congestion or pressure as to result in paralysis or death. It is from its primary or mildest action that we see its effects developed in the form of some criminal act.

TEMPERAMENTS.

Certain forms of disease are more prone to manifest themselves in certain temperaments than in others. It is rare to find a *nervo-bilious* person afflicted with cancer, scrofula, or dropsy, but those diseases are congenial or more common in a *lymphatic*, or *sanguine* temperament. It is also rare to find one of these persons prone to be or become a vicious or vehemently passionate one, and consequently, less liable to become a depraved or desperate criminal. Yet on such the above-named causes may conspire to make them commit crimes, but usually of a minor grade, but not liable to commit cold-blooded murders, seductions, forgery, or theft.

But let the brain be invaded by an excess of blood, or some slight thickening or inflammation of the *dura-mater* or the *meningeal* membranes in a *nervo-bilious* person, and he is then liable to be the sport of the moment, incapable of reasoning, or heeding the restraint of the moral monitor within. Then any added slight or fancied wrong must be redressed, or some daring demoniacal act ventured on or achieved, only

some slight touch to the inflammable *magorine* must cause the dreaded and irresistible results, for whatever the prevailing passion, it must then be acted out. When a horse has an attack of *phrenitis*, he is not safe to approach, and no kindly act can be appreciated. Only time or medication can effect a change so as to make his close proximity safer. Men may and do have *meningitis*, which will produce similar symptoms (to a certain extent). Either form of disease may be acute or chronic, active or passive.

In *phrenitis* or *meningitis*, it would be highly imprudent to pursue that course which would increase the congestion or add to the inflammatory condition already existing; and yet, how common it is for men to resort to stimulation when there is already a brain irritation. Results must ensue.

There may be conditions existing recognized as diseased, in the form of congestion, inflammation, lesions, adhesion, induration, effusion, abscesses, compression, mal-deposits, and a few others, either in an acute or chronic form, to favor and cause deflections in action abnormally liable to terminate in some crisis of crime. In drugs, an excess of *Belladonna*, *Cantharis*, *Hyoscyamus*, *Stramonium*, *Ignatia*, *Alcohol*, and a few others, will produce an abnormal condition of the brain, which would result in pernicious or vicious acts, amounting to or facilitating the culminating of a criminal act. Any cause producing brain irritation may become contributory.

But the main and principal contributing cause to the production of crimes, arises from the use of stimulating drinks. Judge Gary, of Chicago, said, "that in his long experience on the bench, he had found that *nineteen-twentieths* of all the crimes committed were the result of drinking."

When it becomes a recognized fact, that a man is liable to become quarrelsome, or disposed to be vicious while under the influence of stimulants, that person should be deprived of the liberty to use them; or if the criminal tendency is patent, or distinctly marked, then he should be placed under restraint, or be compelled to receive that form of medical treatment requisite to destroy his craving for stimulants, which will force to his brain an arterial excess, and place him beyond the reach of self-control. This may be questioned as to its propriety, but if we have State Boards of Health that are endowed with the right to interfere with personal liberty, to prevent the dissemination of infectious diseases, why not enlarge their sphere of usefulness and enable them to prevent the development of crime, by regulating the use or removing the cause producing?"

We have drugs that possess the capacity of action to drive the blood from the brain, and so limit its ability for the energy of action essential in the production of a serious criminal act.

Could they be used before the overt act was committed, then it could be prevented; if after, then a passivity of repose could be obtained, and security against the future could be relied upon. The most intelligent physicians do not usually wait for the development of a diseased action to fully mature, but seek to guard against it by anticipative treatment; then why not apply the protective powers of medication to modify the irritability of an irascible, and uncontrollable temper, possibly caused by some latent disease?

A Canadian medical journal is the authority for the assertion that acute

articular rheumatism has been cured by fasting during four to eight days. Chronic rheumatism is harder to deal with. Cold water or a moderate allowance of lemonade was given the patients. Dr. Wood, of Bishop's College, Montreal, believes that rheumatism is only a phase of indigestion. Absolute rest to the viscera is the only way to a certain cure. Simple abstinence from food he finds gives excellent results.

CONDENSED MILK.

BY

W. P. ARMSTRONG, M. D.,
Lafayette, Ind.,

Until about three years ago, it was my firm belief that next to the mother's milk, there was nothing so well calculated for food for infants, as "one cow's milk," properly diluted and sweetened, and that the nearer this could be made to resemble human milk, the more likely it was to agree with the child. To regard condensed milk as anything better than a poor substitute for fresh cow's milk, to be resorted to only in large cities where the latter could not be obtained, seemed to me unnatural and nonsensical; but in the year 1879 my views began to undergo a change, the starting point of which was an article by Dr. J. C. Guernsey, of Philadelphia, in which he gave the varying opinions of a considerable number of physicians along with other evidence most of which was in its favor.

This was the very thing I wanted, for I then had for a patient, my own infant boy, about one month old. Its mother had nothing for it. It was of feeble constitution, and no diet had ever agreed with it. Milk variously diluted, diluted cream, infant foods, all had failed. A wet nurse was not

to be obtained. Ever since its birth almost, it had had diarrhœa, and now it was a mere skeleton, and its mouth and throat were thickly covered with thrush, which, when removed, quickly reappeared. Condensed milk was now tried, and found to agree. The hard curds were no longer visible in the stools, but from the description I have given, it will be seen that it was already too late, and in a few days more it was all over. My own child was gone, but I had learned something which might assist me in saving other little ones.

During the balance of 1879 and the year 1880, condensed milk was tried for a short time only, in several instances, as opportunity offered, and never disagreed with the child in a single case. Since the beginning of the year 1881, the following cases have occurred in my practice.

Bessie B——, had at best but feeble digestive powers, even when nursing, but owing to the continued and somewhat dangerously ill health of the mother, it became necessary to wean her at five months of age, in July, 1881. She was immediately put upon condensed milk, about one part, to perhaps three of water. Her digestion improved at once, and for five months she prospered almost constantly. Finally she began to have diarrhœa and vomiting, but no hard curds were seen at any time. In a short time, she became very anæmic and the fontanelle, which was always large, and had never been full, became deeply sunken. She had as yet no teeth, and showed no disposition to eat anything. Thinking that she might be too old to take with safety the amount of sugar contained in the milk, common cow's milk was substituted for it. This seemed to do better, although large and hard curds immediately appeared in the discharges, and there was still some

vomiting with diarrhœa, for two or three weeks. She finally recovered, and is now in reasonable health, and growing.

F——W——, boy, was never well; his mother had nothing for him; cow's milk, however prepared disagreed. Ridge's food was perhaps a little better but far from what was needed. He was puny, sickly, almost a skeleton, and the top of his head was considerably broader than the base. Evidently a good deal of brain, but little vitality. He was then at six months and a half old, put on condensed milk, Gail Borden's, and at once began to thrive. Up to the age of eleven months, the last time I heard from him, he was strong and well. What the final outcome will be, or how he is now, I cannot say.

A——C——, girl, aged three and half months. Mother has nothing for her. Must be brought up on the bottle. So far has had nothing but cow's milk, properly diluted and sweetened yet no matter how prepared, it has never agreed with her completely, and often she had attacks of vomiting and diarrhœa. The stools and vomited matters were very sour, and contained large and hard curds. When brought to me she was quite sick with summer complaint, the whole intestinal tract seemed to be affected. Medicine helped the diarrhœa to some extent, but seemed to make but little impression on the indigestion. I then ordered condensed milk, eagle brand, and showed them how to prepare it and just how it should be after it was prepared. Result, digestion improved at once, and she was very soon cured entirely. From that time on, she had a vigorous and healthy growth with no gastric, intestinal or other troubles. At one year old she was walking all over the house and had to be watched pretty closely to keep her from run-

ning into the streets too much. I saw her again yesterday. She is fifteen months old, and although the fontanelle is slightly depressed, I never saw a child that was apparently more healthy and vigorous. I learned that, although I had not so ordered, the condensed milk had been kept up to the present time, and she had been allowed to eat very little else. I directed that she be allowed to eat moderately of ordinary articles of digestible food, and fresh cow's milk be substituted for the condensed, as more suitable to her age.

M——, boy, had to be raised on the bottle. The first ten days of its existence had diarrhœa constantly; had curds in stool; diet consisted of cow's milk, diluted and slightly sweetened; occasional attacks of diarrhœa from this on up to the age of two months. It then had an attack of entero-colitis, which threatened to prove fatal, but it finally rallied. The digestion was still bad when, at the age of ten weeks it was put upon condensed milk. It immediately began to thrive. It grew fat, and seemed strong and well until about five months old, when the entero-colitis returned, and the little fellow died in about 48 hours.

L——, girl, is now eight months old, and her only nourishment so far has been condensed milk. She has two teeth, is perfectly healthy and robust, and has always been so. On one occasion, owing to some misunderstanding, she was fed condensed milk of a brand to which she was not accustomed, and made sick by it, but the mistake was immediately corrected and she had no further trouble.

Mrs. M—— had nothing for her babe, and hearing of the advantages of condensed milk over other substitutes for human milk, began feeding it with that article, but the result was not satisfactory. The child did not

thrive, had indigestion, and nausea and vomiting, sour stomach, and diarrhœa, but no hard curds. On a little investigation, the cause of this failure was found to be that the parents were poor and the milk expensive, and they made it only about one third as rich as it should have been. Of course it disagreed in consequence of the excess of water, and failed to nourish the child from lack of nutrient material in it.

W——, girl, five months old. Has never had anything but condensed milk since the expiration of the third week. She is strong and healthy, and has been ever since she began taking it. Previous to that time, had fresh cow's milk, indigestion, hard curds and colic.

C—— D—— A——, my own boy, is now fifteen months old, strong and healthy, with the bones well developed. Has ten teeth, and the fontanelle is almost closed. Had nothing but condensed milk from birth up to eight and a half months old, except during the first four weeks, when his mother had enough for him for one or two feeds in a day and night, but he soon became disgusted with that and turned his attention to the bottle altogether. At eight months and a half, we began to feed him a little solid food, which was increased as he grew older. The condensed milk was, however, continued until six weeks ago, when we began feeding him fresh milk from the dairy, except when away from home, when he had the condensed milk again. He now relies chiefly upon solid food. He has been somewhat subject to colic, as all our children have been, but he never had any serious diarrhœa but once, when he had cholera infantum. There have never been any hard curds in the stools. His digestion was much better after he began to rely exclusively on condensed milk than when he had

an occasional feed from the breast. Indeed, the improvement was immediate.

J— R—, boy, was a delicate little child at birth, and, for the first two or three weeks, somewhat cyanotic. He has never had anything but condensed milk since the first three days. It has generally agreed with him well, although he was somewhat colicky during the first four weeks, and since that time he has made a good growth and been healthy. He is now five months old, and as robust in appearance as most children who have the advantage of the breast.

The only condensed milk we can obtain here is that put up in cans, and containing a considerable quantity of sugar or other sweetening. So far as I have been able to ascertain, after very close observation and careful inquiry, Gail Borden's Eagle brand has never failed to agree in a single instance, when properly prepared. On two occasions we have tried, for our own child, a single can of the Anglo-Swiss milk. No difference could be seen in its effect upon the child, but it was not so convenient for use, since it was more difficult to dissolve. Besides, there were always numerous little flakes or white specks, which were hard and refused to yield to the action of the water. What were they? Why should they be found in this milk and not in the Eagle brand? Was it something put in to stiffen the milk? In these days of adulterations of everything, one cannot help having his suspicions easily aroused. Again, I have heard of two or three instances where parties have been led to use this brand in consequence of its greater cheapness, but have finally been compelled to return to the Eagle brand. Yet, it seems to me that, judging alone from the fact that it seems to contain less sugar than the other, the Anglo-Swiss should be the

more healthful, especially in children over eight or ten months old. Or does the difference in the sweetness result from the fact that one is sweetened with sugar and the other with glucose? However this may be, as far as my observation extends, the Eagle brand, although the sweetest, seems to agree much the best.

Comparing the results in the foregoing cases with the results usually obtained from feeding other forms of infant foods, what is the lesson? Simply this. That, with the exception of the mother's milk, there is nothing else known which, as an article of diet for infants, equals condensed milk, when properly prepared.

For my own part, I have been careful to prescribe it only for those children whose mothers were careful and energetic enough to use it in accordance with my instructions.

Mrs. W. J—, desiring to wean her babe because her milk was not rich enough, and to substitute condensed milk for the natural aliment, applied to me for advice and instructions. Knowing the woman and her disposition and circumstances, I told her that her child would in all probability do better with what she had for it than if she changed its diet. She has just now informed me that it died of thrush about three months afterwards, having been treated for the same for some time by another physician. This woman was lacking in force of character, and had she begun feeding condensed milk, would most likely have been more or less careless as to the cleanliness and sweetness of the milk and of the vessels containing it, and would likewise have failed to secure the proper uniformity of proportion between the milk and the water with which it was diluted. Again, she was very poor, and might have been tempted to mix it too thin, or might even have had to discon-

tinue its use altogether, in consequence of the very considerable expense attending its use.

It has been urged that the amount of sugar it contains is highly injurious to the system, but so far, I have failed to see its evil effects. Besides, since most children eat more or less sugar in the way of candies, molasses, or the sweetening contained in the various articles of food, this matter can generally be readily arranged for those who have begun to partake of solid food, by diminishing the amount of sugar taken in other ways.

Some physicians have expressed the opinion in regard to condensed milk in general, that it is only an apparently healthful diet; that the infant might thrive on it for a time, but would then die more or less suddenly. Is this idea the result of theory, of prejudice merely, or of observation? Possibly a little of all. I do not doubt that many children may thrive well upon it for a time and then die suddenly, who would not have done so on fresh cow's milk or some kind of patent food, and for the reason that these same children would never have thrived at all on the other foods, while condensed milk will agree with the child when nothing else will, and it may often thrive for a while when it has not native vitality sufficient to carry it through, or when the seeds of fatal disease, as tubercular meningitis, have already been sown, and its doom is sealed from the beginning.

TREATMENT OF ACUTE ARTICULAR RHEUMATISM.

(Translated from the French of Dr. Jousset.)

Aconite, *Bryonia*, and *Sulphate of Quinine* are the three great medicines for acute articular rheumatism.

The *Salicylate of soda* is a new comer, and we must take notice of its challenge. *Pulsatilla*, *Viola odorata* and *Colchicum* have only very limited applications.

1. *Aconite* is best suited at the beginning of the disease, when the febrile movement is intense, the pulse is voluminous and strong, the thirst excessive, anxiety and agitation considerable, and when the arthritis is of the large joints, especially of the lower extremities, with swelling and shining redness. I prescribe *Aconite*, 20 drops of mother tincture in 200 grammes of water, one spoonful every 2 hours.

2. *Bryonia* is frequently indicated after *Aconite*, when the intensity of the fever has diminished. This drug is more suitable to the arthritic than to the febrile movement; arthritis of the large and small articulations, with swelling red or pale, aggravation by touch and by the least movement.

Sulphate of Quinine is the principal medicine for articular rheumatism with periodicity, when the febrile movement is remittent. In very strong doses, three, four, or five grammes per day, this medicine often cuts short the rheumatism in a few days as a salicylate does; but like it, it is a dangerous medicine, and exposes the patient to sudden death and to cerebral rheumatism. In feeble doses (5 centigrammes of the first trituration to ten centigrammes of the substance) the *Sulphate of Quinine* does not offer any inconvenience, and it is assuredly the best medicine for acute rheumatism. We prescribe one of the doses indicated, in 200 grammes of water, one spoonful every two hours.

4. *Salicylate of soda*, in doses of several grammes, cuts short rheumatism in a few hours. We have said and we maintain that this is dangerous

medication. In weak doses, as indicated before for *sulphate of quinine*, we have had some success, but neither its pathogenesis, which is still so incomplete, nor clinical observation will permit us to fix, at present, the indications of this drug.

5. *Pulsatilla* is indicated by a febrile movement very moderate; by arthritis little intense, and of which the pain diminishes when the patient changes his position in bed; and by a great mobility of the rheumatic affections. The dose is a few drops of the first dilution.

6. *Viola odorata* was often prescribed by J. P. Tessier in mild cases in nervous patients. The dose is the same as that of *Pulsatilla*.

7. *Colchicum* is suitable after *bryonia*, when the swelling has disappeared; the pain is accompanied by a sensation of burning and is augmented by touch. Hartmann recommends *Colchicum* in the treatment of rheumatism which comes on in summer, when the pains are aggravated during a thunderstorm. Dose, 3rd and 6th dilutions.

Complications and metastases.—Acute articular rheumatism may be complicated with inflammation of serous organs. We shall occupy ourselves with the treatment of two of these complications: one very frequent,—rheumatism of the serous membranes of the heart; the other almost always fatal,—cerebral rheumatism.

A. *Rheumatic Endocarditis.*—The elevation of temperature, the precordial pain, and chiefly the signs furnished by auscultation, enable us to diagnose the invasion of the heart by rheumatism. *Aconite*, *Cactus*, *Colchicum*, and *Arsenicum* are the principal remedies in this complication.

1. *Aconite* is suitable in the beginning of endocarditis. It is indicated by intense febrile movement, hard and frequent pulse, redness of the face,

thirst, energetic palpitations, cutting pains or else a sensation of violent thrusts in the epigastrium, respiration short and hurried, tendency to syncope, urine scalding, dark red. Dose: 1st trituration, 20 centigrammes in 200 centigrammes of water, one spoonful every 2 hours.

2. *Cactus* is indicated after *Aconite*, when the febrile movement is less violent. Constricting pain as if produced by compression between pincers or in a vice, and symptoms of angina pectoris, precisionize the indications for this medicament. Dose and mode of administration same as *Aconite*.

3. *Colchicum* has been extolled by many homœopathic physicians in the treatment of rheumatic endocarditis. Its pathogenesis is little rich. Still Hartmann has noted:—oppression with anxiety, tearing pains in the region of the heart during respiration, strong and irregular palpitations, pulse small, hard, irregular and very frequent, urine scanty and muddy. I frequently alternate *Colchicum* with *Aconite*, and in the same doses.

4. *Arsenicum* is suitable in very grave cases. Its indications are: violent fits of suffocation, syncopal states; pulse feeble, irregular and tremulous; violent palpitation; urine muddy, sometimes sanguinolent or albuminous; extreme anxiety; nocturnal aggravations.

The 6th dilution is to be preferred: two drops in two hundred grammes of water, a spoonful every two hours.

B. *Rheumatic Pericarditis.*—*Aconite*, *Cannabis*, *Cantharidis*, *Apis mellifica*, and *Arsenic*, are the principal remedies.

1. *Aconite*, quite in the beginning, when the symptoms enumerated above exist.

2. *Cannabis* is indicated after *Aconite* when the febrile movement has diminished. This drug is indicated by

a tensive and pressive pain in the middle of the sternum, dyspnœa, a state of syncope, spasm of the diaphragm. Hartmann, who has very much recommended this medicine, prescribes the 1st and 2nd dilutions.

3. & 4. *Cantharidis* and *apis mellifica* are chiefly indicated by the abundance of the effusion. They ought to be given in the 3rd dilution.

5. *Arsenic*. is suitable in the same cases as the two preceding; orthopnœa and a tendency to syncope are its indications. The 3rd trituration is the best. I advise alternation with *Cantharis*, a spoonful every two or three hours.

Taracentesis of the pericardium is indicated when abundant effusion threatens imminent suffocation.

C. *Cerebral rheumatism* announces itself by a considerable elevation of temperature, comâ and delirium. In this complication danger is considerable and death imminent.

Opium and *Belladonna* are the two principal medicines. Quite recently baths of 20°C (68°F) have been eulogised as an infallible remedy in the treatment of cerebral rheumatism.

1. Baths of 20°C. They are indicated by a very high temperature. Their first effect is to reduce this temperature and to cause the delirium to disappear. They ought to be renewed directly the temperature rises to near 40° (102°F). This practice has given a great number of cures; but it should not be believed that it constitutes an infallible medication, in that case one would be exposed to the most lamentable deception.

2. *Opium* is the principal drug when the coma is very pronounced, the respiration accelerated and sighing. The voluminous pulse, the contracted pupils, the red and puffy face, and the perspiration still further indicate *Opium*. The 2nd trituration, twenty centigrammes in 200

grammes of water, one spoonful every 2 hours.

3. *Belladonna* is preferable to *Opium* when the delirium predominates, the heat is excessive, one cheek is red and the other pale, the pupils are dilated, the pulse is small and frequent. This drug ought to be administered exactly as *Opium*.

When the pains are excessive, the wrapping up of the diseased joints with cotton wool covered over with thin gummed silk, gives relief to some patients; but it is necessary to remember that this very means exacerbates others.

Coffea and *Chamomilla*, in the 6th dilution, one drop every hour, calms the excess of pain. In very exceptional cases (three or four in six years) I have practiced with great advantage the subcutaneous injection of one to two centigrammes of *Morphine*.

Milk, broth, and abundant drinks constitute all the regimen of acute articular rheumatism.—*L'Art. Med.*

THE DIAGNOSTIC VALUE OF ELECTRICITY IN CASES OF MUSCULAR PARALYSIS.

BY

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For many years electricity has been considered our best means for testing the condition of muscles. In the beginning no distinction was made between the faradic and the galvanic current; later, each was specially investigated with the view of determining its diagnostic value.

Marshall Hall first drew our attention to the fact that a muscle deprived of the influence of the spinal cord loses its electric irritability and elec-

tro-muscular contractility, and since that time we have learned that in destructive diseases of the spinal cord, when these have reached a certain stage, in which the part of the cord affected is deprived of its function, electro-muscular contractility is diminished or lost. But this is not the case with all muscles; those which are provided with nerves that come from still healthy parts of the cord not only retain their normal irritability to the electric current, but in reality evince increased electric irritability and more energetic contractions. By this reaction alone we may be able to locate a lesion in the cord more definitely, and note if the morbid process advances transversely or if it is ascending or descending. But it would be wrong to conclude that diminished electro-muscular contractility is always a sure indication of spinal lesion. Such decrease appears, too, and very rapidly, if the nerve itself is injured, or if the muscular tissue of a paralyzed part is in a pathological condition, or as the result of certain poisons, as opium, lead, or of the rheumatic or other blood poisons, which, by diminishing the vitality and strength of nerves, muscles, or nerve-centres, cause also a decrease in their electric irritability. In cases like those last mentioned, however, this diminution is only temporary, not permanent, as in spinal lesions, and the employment of the battery for a few days will develop a decided increase in electro-muscular contractility. It is therefore wise in all cases of paralysis, before forming any conclusion as to the diagnosis of a case,—speaking now alone of the diagnostic value of electricity,—to make use of the latter for a short time, and to await any possible alterations in the reaction. Then there are cases of spinal paraplegia and of diminished muscular power in connection with

special lesions, as for instance, locomotor ataxia, in which electro-muscular contractility is apparently normal. We might say that the less the large motor cells in the anterior gray cornua are suffering from the morbid process, and the less the antero-lateral columns participate in it, the less is the normal reaction to electrical influence disturbed, while the same law holds good *vice versa*.

We will first see in what cases of paralysis electro-muscular contractility continues normal. To these belong, generally speaking, all cases of cerebral origin. The paralyzed member may even respond to the electric irritation with stronger contraction than the sound members if exposed to a current of equal intensity. Where this is the case, the investigations of Althaus and others have demonstrated that the paralysis has its origin in a cerebral lesion of irritative character.

The above remarks have reference to the faradic current only. A galvanic current may give the same or totally different results. The muscles of a paralyzed part may respond actively to a galvanic current and not at all to a faradic. This has been observed in traumatic nerve-lesions (Erb, Eulenburg, Ziemssen, etc.), and also in cases of lead-palsy. While we do not know as yet the actual value of this difference for diagnostic purposes, the so-called reaction of degeneration, as specially studied by Erb and Ziemssen, seems to be very important, and we will give therefore a short résumé of the observations made by these authors on traumatic injuries of peripheral nerves. For explanation we mention the following: An. O. C. means anode-opening contraction—*i. e.*, the contraction that ensues when the circuit is opened with the anode; An. Cl. C. anodeclosure-contraction; and Ka., kathode.

Normally, the contraction taking place when the circuit is closed with the kathode should be stronger than the one ensuing when the circuit is closed with the anode, while the opposite should happen at the opening, so that a normal reaction could be expressed by the following formula :

Ka. Cl. C. > An. Cl. C., an An. O. C. > Ka. O. C.

Erb and Ziemssen made the following observations on injured nerves :

1. In the nerve, after a short time, from two to three days after the commencement of the paralysis, a continuous and steady fall of faradic and galvanic irritability could be noted ; a total loss by the seventh to twelfth day ; then, with the gradual regeneration, the irritability slowly returned, but only after reacquired mobility of the part.

2. The muscles exhibit a different response to the faradic than to the galvanic current. Faradic irritability diminishes gradually till it is totally lost ; but the muscles react differently to the galvanic current ; they show an increase for An. Cl. C., and also for Ka. O. C., and of such a kind that the law of contraction appears to be reversed : An. Cl. C. > Ka. Cl. C., and Ka. O. C. > An. O. C. With the gradually increasing degeneration this increased irritability disappears again in such a way that successive An. O. C., Ka. O. C., Ka. Cl. C., and An. Cl. C. at last totally cease ; galvanic irritability, therefore, also finally lost. With the returning regeneration, the galvanic irritability returns in the same manner as the faradic. Hermann explains these different reactions to the two kinds of electrical currents in this way: the molecules are influenced by the continuously working action of the galvanic current, but not by the short interruptions of the induced current.

The peculiar action of young nerve-fibres, which, as is well-known, conduct the motor impulses, but not electrical currents, is explained by the anatomical researches of Erb, according to which the motor impulses travel along the axis-cylinder, while the electrical current is conducted along the white substance of Schwann, which regenerates later than the axis-cylinder, which, in lesions interrupting the continuity of nerve-structure, is the first to rebuild again. Even if this reaction of degeneration does not always show itself with the same degree of precision, it is undoubtedly a valuable means of differential diagnosis between central and peripheral paralysis. Then there is a different result if we interrupt the galvanic current ; and here again changes are noted according to slow or rapid interruption. We know that in certain cases of facial palsy due to exposure to cold, or in other local paralyses having the same origin, and also in lead-palsy, the muscles affected react as little to the rapidly interrupted galvanic current as to the faradic ; but if the galvanic current be interrupted slowly, the palsied muscles will exhibit a far greater electric irritability than those of the healthy side. This only tends to prove what we at other places frequently have taken occasion to say, that the view is undoubtedly correct which was expressed first by H. C. Wood, that for diagnostic as well as for therapeutical purposes there is only this difference between the faradic and the galvanic current: the interruption. If we interrupt a galvanic current with the same rapidity with which usually the hammer is set in motion in instruments having no provision made for retarding the interruptions, we will get no other results from it than we do by using the faradic current.

In cases like those mentioned last, the muscles are primarily affected, and the application of a slowly interrupted galvanic current generally meets with success. In all cases of paralysis it is well to note the difference in electro-muscular contractility, according to the application of the slowly or the rapidly interrupted current.

Whenever we wish to test the electric reaction of a muscle, it is well to begin with a weak current, and we place the moistened sponge-electrodes on the muscle or group of muscles to be examined, always comparing the result gained with that on the healthy side. Some difference will be noted accordingly as one of the electrodes is placed exactly where the main motor nerve for that muscle is situated; and to find these motor points easily, special tables have been prepared by Erb, Ziemssen, and Wood, which points, though they do not possess any definite clinical value, should always be selected for diagnostic purposes, as they respond to the entrance of the motor nerve into the muscle, and experience has shown that the muscle is best acted upon from these points.

If a muscle is forced to contract by the electric stimulus, the contraction is felt, and the electro-muscular sensibility increases with the strength of the contraction. Increased electro-muscular contractility goes, therefore, hand in hand, at least as a rule, with increased electro-muscular sensibility. But the latter may exist alone, as we have almost invariably noted in cases of myalgia. Then the relation between diminished electro-muscular contractility and sensibility may be disturbed, as is evidenced, for instance, by the very apparent loss of this sensibility to the current in cases of hysterical paralysis. Generally speaking, the electric reaction

of the skin, as elicited so well by the metallic brush, coincides with the reaction of the muscles beneath, the stronger or weaker the last, the more or less sensitive the first.

In conclusion we will mention three laws with reference to the electro-muscular contractility of muscles, laws of which one might say, *regulæ quæ non excipiuntur*.

a. If a muscle does not respond to a rapidly interrupted current of sufficient strength, we are not entitled to base our prognosis upon this fact.

b. If a muscle does not respond to a slowly interrupted, powerful galvanic current, that muscle will never regain its function, except in cases of traumatic injuries of motor nerves where there is hope that the interruption in the continuity of the nerve-structure may be remedied by regeneration of the nerve.

c. The electric irritability which a paralyzed muscle exhibits in the beginning is no certain indication *quoad vitam* (of the muscle): we can only base our prognosis upon the irritability which the muscle develops after a regular course of electric treatment of about one week's duration.

While electricity is invaluable in cases of paralysis for diagnostic purposes, massage is far superior to it as a remedy.—*Phil. Med. Times*.

PRE-NATAL CHATON.

BY

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This pathological condition, the result of spasm in the horizontal fibres, or "hour-glass contraction," at any given point from the cervix to the fundus uteri, is, happily, of rather

rare occurrence in the early stages of parturition. Two such cases, occurring in the same patient, have been presented to my observation within the past three years, and I am induced to record them from my note-book by having my attention called to a case recently reported in a New York medical journal, where a most peculiar measure, it struck me, was inaugurated—the operation of version, and subsequently craniotomy, resulting, as might be supposed from the whole history of the case, in the death of the mother from exhaustion. If the irregular contraction be fully apprehended by the accoucheur, with a vertex presentation and proper dilation of the os, cervix and external tissues, and the forceps can be securely applied, why thrust the hand beyond the constriction, after administering chloroform, which secures a relaxation of the spasm in the circular uterine fibres, and effect version? What possible benefit could result from so harsh a procedure? Should the pubic arch be contracted and the pelvic outlet be insufficient, the fœtus dead and the head too large to pass, it might well be conceived that craniotomy, then and there, could alone save the life of the mother, and she be spared the time and exhaustion incident to a double process, which I am unable to regard, under the circumstances, as other than unwise and unnecessary.

I had attended a lady in four confinements, neither of which offered any unusual or untoward event. On the fifth occasion I was called in the night, and found her in the following condition: the external parts were yielding and dilatable, the os and cervix were fully dilated—the liquor amnii having escaped—the occiput to the left acetabulum, with powerful but brief uterine contractions, which appeared to exercise no influence on the progress of the labor. Making

an exploring examination on the absence of a pain, I found, at a point high up, embracing the lower part of the abdomen and femoral articulations of the fœtus, a firm constricting band, which on the return of a pain caused her much suffering. She declined ether and the forceps, having always expressed a horror of both, but at length, after being in labor several hours, with no appreciable advance, she consented to the latter, as she felt satisfied that the child was “held back,” and could not be born without artificial means. These I applied, and after almost desperate efforts succeeded in overcoming the resistance by degrees, and in pulling the fœtus through the constriction, about one-third from the fundus uteri. The child, a boy, though nearly psychoragic, was eventually restored, and both mother and child ultimately did well. The birth was, of course, attended with considerable pain, mainly in the constricted part, which would have been greatly mitigated had she taken an anæsthetic.

After a lapse of some two years, at the next parturient period there was found to exist a condition similar to that above recited, except that the spasmodic constriction appeared to embrace the body of the fœtus below the shoulders, as high up as the superior strait in the pelvis, corresponding to a line drawn from the two cristæ ilii, a little less than midway of the body of the uterus. It may be observed that the labor here encountered an earlier check than on the previous occasion, nor had the liquor amnii come away. On the advent of a pain, the sharp, lancinating stricture was terribly severe, the lady describing the sensation to be like that of a vice, or of a cord tightly drawn over delicate and sensitive points, which she referred to the umbilicus, and on each side, and at the back. The labor

made no progress, though hours had elapsed since its inception. She was a good deal exhausted, and not at all averse now to have me apply the forceps, but this I found to be impracticable. So soon as one blade was introduced and I was about to adjust the other, a pain would follow, and the head, already high up in the pelvis, would suddenly disappear, retracted by the constricting power of the horizontal fibres, which caused it to nearly turn on its axis, leaving the part just occupied by it an open space or cavity. This repeatedly occurred, and the position was as often carefully verified by the touch. It was the middle of the night. I had no one to consult with or aid me but an ignorant, stupid, so-called nurse, frightened out of what little sense was left to her, and two friends of the lady herself, who would have been much more useful had they been absent. In view of the condition of things, and realizing, in an old pun, the *superior strait* in which I was placed, I at once determined to resort to the combined influence of anæsthesia and oxytocia, whether my patient consented or not. I found her amenable to reason, and immediately gave her ergotæ, and caused her to inhale a mixture of one to three parts respectively of chloroform and ether. Their beneficial effects were soon apparent, and but little plaint was uttered from that time. The spasm of the uterus slowly relaxed, and the cutting pains in the parts involved gradually ceased, while the expulsive efforts, induced by the ergot, went on so regularly and harmoniously that in about one hour and a half she was delivered of a large healthy boy, and no trouble ensued, the secundines following on slight traction of the funis. At no time was she entirely under the influence of the anæsthetic, nor was it desirable

that she should be, nor did I intermit an occasional dose of ergotæ.

It may not be out of place here to remark that I am no advocate for the indiscriminate and frequent employment of forceps in obstetrics, and venture to observe, from what I have seen in hospital and city and country practice for many years, that more permanent injuries have been inflicted upon the mother than benefits have resulted from their use, especially in the last decade, and language is inadequate to express my repugnance to, and condemnation of, their present reckless abuse. First employed by a *quack* and the secret retained for years, he is only one who most frequently—and too often, it is feared, for effect, or, as sometimes avowed, “to save time,”—resorts to them. That conditions arise where their employment becomes not only imperative but indispensable to preserve the life of the mother and child, or to abbreviate protracted suffering, is a foregone conclusion, and were their use reserved for such we should hear less of their abuse, and the pernicious consequences, either immediately or remotely, thereby often entailed. The trite but true adage is always applicable: “A meddling midwifery is bad.” —*Med. Times*.

DIFFERENTIAL DIAGNOSIS OF TYPHOID FEVER AND TUBERCULAR MENINGITIS.

BY

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My attention has been called to this subject, at the bedside, by often noticing what a similarity of symptoms existed in the diseases in question in the incipient and more

advanced stages. I, with other physicians have left the bedside of a child presenting symptoms pointing to either disease, in which it was impossible to make a positive diagnosis. In both there are irritability, headache, vomiting, diarrhoea or constipation, loss of flesh, anorexia, and evidences of constitutional disturbances. In the incipient stage, when the child shows this array of symptoms, the physician meets with great difficulty in coming to a definite conclusion. Where the diseases are more advanced—the case of tubercular meningitis being in a stupor and that of typhoid fever in a somnolent state—our judgment is oft-times taxed to decide. From full notes of a number of cases of typhoid fever and tubercular meningitis, ranging in age from 11 months to 8 years, I have formulated the following differential diagnosis :

INCIPIENT STAGE.

Tubercular Meningitis.

There is a gradual loss of flesh, extending over some weeks or months.

Irritability more intense and prolonged; restless during sleep.

Shunning light is common.

Temperature has no characteristic change; may be high in the morning and low in the evening, or the same morning and evening.

Vomiting causeless, and not connected with ingesta. May find a clean tongue.

Tubercular Meningitis.

Headache not aggravated at any particular time of the day.

Typhoid Fever.

Loss of flesh only apparent after fever-process has existed some time.

Irritability not so intense; quieter during sleep.

Absent.

Typical fever-curve; gradual ascent, having low fever in the morning and higher in the evening.

Vomiting nearly always connected with curdled milk or repugnant medicine. Coated tongue.

Typhoid Fever.

Headache always aggravated, towards evening, when the fever ascends.

Nearly always constipation.

No abdominal tenderness.

Pulse of good volume, moderately slow, and occasionally irregular.

No epistaxis.

ADVANCED STAGE.

Tubercular Meningitis.

Irregular temperature curve or no fever at all.

Now the vomiting generally ceases.

Stupor is continual, patient not easily aroused, and immediately falls back again into his former state.

Obstinate constipation.

Retraction of abdomen.

Tache cerebrale; sudden and spontaneous blushing of cheek and of parts exposed to pressure.

Cheyne-Stokes breathing.

Pulse very irregular.

Spleen normal.

Local palsies and local spasms; fixedness of the eyes; unequal or dilated pupil.

Extreme tenderness elicited on pressing the femur.

Urohematin, but no albumen or indican in the urine.

(Robin.)

Diarrhoea, as a rule; exceptionally, constipation.

Abdominal tenderness and tympanitis.

Pulse soft, rapid, and never irregular.

Often epistaxis.

Typhoid Fever.

Continued fever, stationary, or ascending gradually with the morning remission.

May have vomiting of ingesta.

Is easily aroused; remains awake for a time and requests drink. Is usually rational during the time of being awake.

Generally diarrhoea, yellow or brownish stools.

Tympanitis and tender abdomen.

Roseolar eruption.

Breathing at times very irregular, quite sighing, but not the rhythmical irregularity. One day regular, and the next very irregular.

Pulse weak and regular.

Spleen enlarged and tender.

No such manifestations.

No tenderness on pressure.

Indican and albumen always present in the urine.

(Robin.)

One symptom—that of distress elicited by pressure on the femur—is an

incidental discovery of mine and came to my notice in the following manner. While examining a case of tubercular meningitis in the stage of stupor, I was desirous of awakening the patient for the purpose of witnessing the mental phenomena. To accomplish this, I surrounded the thigh with my hand and squeezed it moderately hard, which caused the child to utter a piercing scream. As this seemed out of all proportion to the amount of injury inflicted, I repeated the pressure in a less degree, and the same outcry was provoked. Seizing other parts of the extremities with the same amount of force caused no disturbance whatever. I repeated the experiment in a second case, and found a similar manifestation, while pressure on other parts produced no such effect.

A SIMPLE METHOD OF TREATING DYSPEPSIA.—Mrs. B. called at my office on the 15th of January, 1882, to be treated, as she supposed, for dyspepsia, having been told that she was suffering from that disease by a physician a few days before. She informed me that she had been a sufferer from dyspepsia for over three years, and that she had been taking medicine from the beginning, but of no avail. She also thought that her lungs were affected, from the fact that she had pain, cough, and became very weak and weary at times. Upon questioning her, I elicited the following symptoms :

Great nervous disturbances, epigastric depression, gastric derangements, leucorrhœa, dysmenorrhœa, and pelvic neuralgia, which pain she described as being very acute and lancinating,

and shooting from one side to the other of the stomach. I then asked her to place her hands on the painful part; she immediately placed them upon the lower portion of the hypogastric region, thereby displaying her ignorance of the locality of the stomach, and thus revealing to me the fact that I should be more rigid in examining her, and which was probably the cause of misleading the other physicians. I then examined her lungs, heart, and stomach, and found them to be healthy. I also directed my attention to the pelvic organs and there found the cause of all her troubles, a displaced womb. It was retroflexed, the fundus lying back upon the rectum, thereby producing great derangement of the alimentary canal, which accounted for the above described symptoms of stomach derangement. This, together with all the concomitant results of that most frequent and formidable displacement, made it a case of a very discouraging character. Another peculiarity of the case was the apparently flacid condition of the body of the womb itself, unattended by hypertrophy, and but slightly congested, which is something unusual in cases of so long standing.

My treatment was internal for a period of three weeks previous to any local treatment, the object in this being to correct the atonic condition of the womb and its ligaments before making any effort to correct the position of the organ itself, after which I began to elevate the fundus by using a ball of cotton grasped by a pair of uterine forceps, and passed up the vagina (being guided by the finger) to the posterior cul-de-sac, and posterior of the fundus. I then raised it up as far as possible and kept it there by packing cotton behind it. I then applied electricity for at least

twenty minutes at a time. The elevating procedure I performed twice a week, for three weeks, by which time it was once more in a normal position. I at once procured one of the flexible ring pessaries and moulded it to fit the patient, over the shape of Thomas's retroflexion pessary. This she wore for two months without any complaint, and at the expiration of three months she took it out. I examined the patient a short time ago and found that she was in a perfectly normal condition, and with a complete relief of all her previous symptoms of dyspepsia. —*Med. Bulletin.*

RESULTS OF NERVE-STRETCHING IN VARIOUS NERVE-DISORDERS. —

Out of one hundred and forty-seven published cases of nerve-stretching which B. Nocht collated, the permanent results were sometimes less favorable than they promised soon after the operation; and in one of Prof. Westphal's cases stretching of the crural nerve was followed by acute myelitis. After reviewing the several applications of this surgical expedient, he concludes that "in neuralgia, in tetanus and epilepsy, nerve-stretching has an incontestable value, but that in disorders of the motility and in affections of the central nervous system (at least it so appears from the reported cases) nerve-stretching can only be recognized as a symptomatic remedy, and not devoid of danger."

The following is a *resume* of the cases cited (*Centralblatt für Chir.*):

In *sciatica* there were twenty-four

cases, of which twenty-one were cured, in sixteen of which the result was immediate and permanent. One died of pyæmia; in another permanent lameness appeared.

In *trigeminal neuralgia*, seventeen cases. Ten were at once favorable; five were cured after a greater or less time; in two a relapse occurred. Out of four cases of resection or tearing of the nerve, three were cured.

In *traumatic neuralgia* a good result was obtained in two-thirds of the cases; in a few no result beyond temporary relief was experienced.

In *convulsions* seven out of eight cases had relief from the cramps; but facial paralysis followed in six. No return occurred in five cases kept for a long time under observation.

In *accessorius cramp* only in two out of seven cases was notable and lasting improvement obtained.

In *disturbances of motility* in the extremities a good result appeared in three out of six cases.

In *traumatic tetanus* six cases out of twenty-four were cured. Since in two of these energetic general treatment was also kept up, only in four (sixteen per cent.) could the success be attributed to the operation.

In *reflex epilepsy* good results were obtained; in three cases of congenital epilepsy improvement or cure resulted.

In *tabes dorsalis* amelioration of symptoms, especially of the pains, was obtained in a few cases, where sensibility, ataxia, and difficulties of the bladder and rectum improved; in others unfavorable results appeared, such as anæsthesia and paresis. The knee phenomenon was not re-developed.

In other diseases of the spinal cord unfavorable results preponderated.

THE

AMERICAN HOMŒOPATH.

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THE POSITION OF HOMŒOPATHY AS A PROGRESSIVE SYSTEM OF MEDICINE.

Almost every medical journal and every medical society or association of whatever school, has of late made the practice of homœopathy and the status of its practitioners, a subject of discussion, some by abusing the one and villifying the other others, by lauding both indiscriminately, and defending the unjustly denounced, while a third class seem to wrangle about what constitutes true homœopathy.

It must be painful to the true and earnest and studious practitioner of our school, to see many of his worthy and faithful colleagues disturbed by these unprofitable controversies, and often involuntarily drawn into useless controversies.

While the self-styled regulars, have never halted in their senseless warfare upon our school, and have attacked with venomous zeal, every liberal member of their own school, whose good sense leads him to treat us fairly, and who endeavors to ascertain for himself, what good there may be in Nazareth, they have only benefited us by their persecution and brought us more prominently before the public, as promulgators of advanced truth and protectors against scientific slaughter.

But also within the pale of our own school an inquiry has been made as regards the true status of homœopathy and what ought to be its practice with the light of *true* science to guide us, and to this has been added incidentally but unfortunately, the worse than useless question of our relation to the allopathic school.

Our relation to the old school ought to be simply that of gentlemen, who respect the prejudices of physicians who as the result of training and habit, cannot free themselves from shackles that bind them to a practice and views inculcated and fostered for years. We ought not even to feel resentment at their treatment of those who differ from them, but pity the blindness which causes their absurd perverted action; without envy at the privileges which time honored usage has granted them, the only compensation for being deprived by their own perverseness of practicing the true mode of cure. But to seek an alliance with

them is a complete absurdity. Our own liberal stand-point can never be adopted by them as long as they voluntarily choose to be tied down by codes of ethics and iron-clad by-laws, well calculated to fetter every spirit of free inquiry. Even recognition, for the purpose of consultation is a questionable step. It can do good only between two physicians who are both conversant with the teachings and practices of both schools; and how few are there, at present, in the old school, that are thus qualified.

A union is only practicable, by our absorbing the younger practitioners into our ranks, and that must be a work of time. But it will take place if we are true to ourselves.

If instead of cutting a pitiful figure, by alternately inveighing against them for their abuse and bigotry, or on the other hand trying to wheedle them into admitting our members into their ranks, by presenting our present system as a kind of emasculated homœopathy which can easily become homogenous with their empiric practice, we would turn our attention more fully to elevating the character of our educational institutions, to sustaining our colleges and hospitals, by all the means in our power, to raising the standard of our literature, and by all means returning to that unity of feeling and action which was characteristic of the pioneers in our school, we would, we must become in time the dominant school. It is true it may take years to accomplish this. But it would

be for the good of all practitioners, and, what is more, for the good of the community and mankind. It is only the eagerness of a few ambitious men, emulous to become leaders, and to enter the camp of the "Regulars" with a following that has brought about this lamentable condition. Inharmony never entered our school until this kind of ambition, ungratified, displayed itself in our ranks, and if not abandoned it will check for years to come the advance secured by the labors of a Hering, Gray, Dunham and other faithful pioneers of our school.

Let us then abandon the idea of a union with our allopathic brethren, until time brings about that union, by their being absorbed by us the liberal school, untrammelled by codes, which never will or can bind the honest searcher after truth, or the disinterested gentleman who seeks only to labor for the good of mankind.

Three leaders in our school have lately delivered addresses before the respective institution to which they belong, who, from their position in our ranks, and their confessed ability, literary acquirements and medical reputation, may justly be expected to exert a considerable influence upon the members of our profession who heard or read their addresses.

The paper of each was a scholarly production and an admirable address. They were, however, widely different in their views, and calculated to produce very different impressions.

Dr. Breyfogle's address before the

American Institute of Homœopathy, at Indianapolis, June, 1882, gives us a glowing account of the status of Homœopathy in the United States at the present time, and justly prognosticates for it a glorious future. We fully agree with the doctor in his predictions, but cannot agree in all his views as to the means to bring it about. When the author thinks we should abandon the claim that *similia similibus curantur* is not the supreme law in therapeutics, we must respectfully be permitted to differ.

If the doctor, by his assertion, means simply to say that it is not applicable to every abnormal condition of the body—conditions which require the surgeon's skill or the chemist's antidotes—he is undoubtedly right; but if he means that cases may arise in dynamic disease, diseases arising from a disturbed condition of the normal function where the law of similars can not furnish us with the remedies to cure if the disease is curable, we must protest, and insist that the skillful Homœopath need not seek for aid beyond the pale of the law which is his guide.

Even in incurable cases, where only palliatives can be of avail, we can find them, by careful study, in abundance in the list of Homœopathic remedies.

Neither can we agree with the doctor when he asserts that ninety-nine out of every hundred Homœopathic physicians rely upon their remedies within the range end-

ing with the tenth centesimal. If he had said ending with the thirtieth he would have been more nearly correct. But when it is additionally urged that the Institute shall assume the authority to say what potency shall be the limit for prescribing by any of its members or by any member of our school, it seems to us that it would stultify itself, for it claims the utmost liberty for every practitioner when prescribing for his patients.

We trust that Homœopathic physicians will never ridicule any of their brethren for following in the footsteps and acting upon the advice of the father of our school, and if they deem themselves justified in doing so, have the grace to abandon the name of Homœopaths, and pretend that they practice according to the law of similars.

We heartily endorse the doctor's plea for a "Condensed Materia Medica." All the works we have on the subject are too diffuse, and we fear the symptoms given not always reliable. Many provings have been made in two slipshod a manner. But this is a subject we will speak of more fully in an article we have prepared for a future number.

The address is an able paper, and if we eliminate a few statements and suggestions inimical to Homeopathy, calculated to arouse the members of our school to renewed activity.

Dr. Pearson, president of the International Hahnemanian Association delivered his annual address, also at

Indianapolis. In this address the doctor represents the extreme views of our school. These ultra views are the natural result in one who holds fast to the doctrines of the fathers, when he sees so many falling out by the way, and seeking the flesh pots of Egypt. He is a homœopath pure and unalloyed. As such we cannot but respect him, and with all his extreme rigidity, we wish there were a few more like him. It might prevent some others from going too far to the other extreme.

We are fully in accord with him, when he claims that any attempt at a union with the old school, in its present condition is not only abandoning our cause, but is rank treason to our school and the grossest insult to the fathers and pioneers who taught and promulgated our law of cure.

But we cannot agree with the doctor when he insists that even in the minutest detail when administering medicine, we must follow the father of our school. Hahneman was but a man, not infallible like the Pope of Rome, and while God made him the medium, to teach us the gospel of *similia similibus curantur* he did not endow him with the attributes of infallibility. We are, therefore, at full liberty to judge of the dose, the potency, and such other accessories as topical application, etc., by the light of our reason and common sense, and still may justly claim to be true disciples of the great founder of our school. In every other respect we are constrained to agree with the

views he represents, and trust that the Association may serve as a guard to prevent too many from straying from the camp of the faithful.

Professor Hughes, of England, also delivered recently, a lecture in the London School of Homœopathy, on the Status and the practice of Homœopathy. It is certainly a finished piece of composition, which could come only from the pen of a ripe scholar and profound student. It contains also much good advice, though not unmixed, with counsel and assertions, well calculated to mislead the searcher after truth, as regards the thorough practice of Homœopathy.

The Doctor says "There are many diseases which lie beyond its possible range, and still more likely is it that there are diseases which have not yet come within its practical range." Most undoubtedly there are diseases beyond the possible range of Homœopathic treatment. But all such diseases are also beyond the ranges of any treatment by medicines. Diseases which belong to the domain of surgery, or chemical antidotes, we do not claim are amenable to Homœopathic treatment. But if there are diseases, which have not as yet come within the practical range of our treatment it becomes the duty of the Homœopath, to bring them within that range; for our law is applicable to all diseases that owe their origin to dynamic influences.

We must also protest against the use of non-Homœopathic treatment

in cases which the doctor cites as the exception. The use of cold baths, or topical application, advised under the letter 'a,' we will admit, and it will not be difficult, to defend as coming under the law of similars. But all the other exceptional cases, we must insist, will yield to purely homœopathic treatment, if the proper remedy is selected not below the third potency. We have had occasion within the year to treat a case of peritonitis from perforation, and found Aconite and Calendula sufficient with a few other remedies in the after treatment, to cure the case without any recourse to opium or any other narcotic. We have no doubt also that for all the other exceptional cases the effectual remedy, if homœopathically selected, can be found in our *Materia Medica*.

The advice of the professor to his students, to confine themselves at first to that group of remedies, concerning whose characteristics we all agree, and to which he directs their attention by naming them, is excellent. But we hope soon to have a condensed *Materia Medica*, which will relieve the practitioner from the weary task of selecting the right remedy, from the many who claim all the same symptoms, and whose claim is often doubtful.

It would have also been better had the professor not given advice as to the choice of dose. That we all know is a mooted question, but we are glad that he has, at any rate, not included crude medicines in his list.

We contend that *all* medicines, if given homœopathically, ought to be administered not lower than the third potency, but do not claim to decide the dose for any one, for we think that only the attending physician is competent to judge of the dose, after he has taken the age, sex, constitution or condition of the case in consideration. We are also glad that the Professor directs all to study the *Materia Medica*. If they do this faithfully, we have no doubt they will eventually become true homœopaths.

Professor Hughes has done faithful service to our cause, and has contributed much towards building up our school in England. He has nobly fought its battles by his lectures, his pen and his skill in curing disease. While we may differ with him in minor details, we must admire him for his zeal, his learning, and his faithful defence of a cause only recently tolerated by the profession in England.

We trust he may long be spared to us, to reap further the reward of his labors.

CORRESPONDENCE.

KANSAS CITY, Mo.

Editor HOMŒOPATH: My brief article in the August HOMŒOPATH on "Progressive Medicine" seemed to have hit the mark, and to be in accord with a large number of physicians in all parts of the country. As facts, figures, and the testimony of a

large number exercise more influence and carry more weight than any one man's opinion, I would like to have the honest views of the profession on this union business; and with this end in view, if every physician to whose notice this letter comes will briefly indicate to me, by means of a postal card or letter, the policy which he or she seems best to be pursued toward the old school, I will collate these views and give them to the profession through the columns of this journal. Speak out from your hearts, gentlemen and ladies, and tell us if true homœopathy is a thing of the past—if we can afford to see her banners trailing in the dust: and tell us plainly whether our policy should be an active, aggressive one, or a cringing submission to the edicts of old school intolerance. Send in your word, and let it come fresh and warm from your heart. Yours for a hard, square, never-let-up fight,

F. F. CASSEDAY, M.D.

ABSTRACTS.

DYSMENORRHŒA CURED BY COCCULUS.—1. A—, a female, aged about 20, was placed by her father under my treatment for dysmenorrhœa on the 10th October 1878. She was a thin, tall, fair looking girl of nervous temperament. There was a history of miscarriage at the 4th month. The time of her flow was irregular and always before the proper period and the flow rather profuse. The pain she complained of was of a cutting nature, and was solely confined to the region of the uterus. She was a confirmed dyspeptic, and the symptoms increased during the menstrual period, when she complained of much flatulent distention of the abdomen and cutting colic. Sometimes she

vomited and was troubled with headache. The pain during her menses was most agonizing. I saw her first on the 1st day of her menses, and prescribed *Cocc. ind.* 6 every $\frac{1}{2}$ hour till she was relieved of the pain. I saw her on the following day, and was glad to learn that she had no pain at all, from which she said she was never free ever since she began to menstruate. The pain, she said, lasted throughout the period every time. I now directed her to take one dose only of the medicine every day till the next period. Her much dreaded time came, and she was extremely glad to find herself not only free from the pain but entirely relieved of her dyspeptic symptoms. She grew rather stout, but had no menses at the next period. I left the patient at this stage, and was informed that later on she was in her family way. A male child was born in due time, who has been called, I hear, by my name, although it is a strange name among those people.

2. H—, a female, aged 26, applied to me for treatment for dysmenorrhœa, from which she had been suffering ever since she menstruated first, on the 14th September, 1880, when she complained of the following symptoms: A very severe cutting bearing-down pain in the uterine region extending to the back, hips and thighs, commencing a little before the appearance of the menses and lasting from 2 hours to a day or more: menses normal in quantity and do not last beyond the third day; often the flow entirely ceases on the third day; discharge blackish and clotty when the pain is severe. They are regular as regards the time of appearance, headache severe with dimness of vision at times. A ringing in the ears now and then, palpitation of the heart at times; but it is

followed by headache, flatulent distention of the stomach and intestines together with some of the other symptoms of dyspepsia; two or three days before the appearance of the menses, depression of spirits alternated with excitement, sleeplessness at times but generally the sleep is a good one, though not undisturbed by dreams, no leucorrhœa at any time, extreme nervousness. The pain before the appearance of the menses is slight, but becomes excruciating no sooner it begins to flow. From the above, the case would at the first sight appear to be one of the neuralgic variety, the symptoms of general hyperæsthesia so plentifully present in her case favoring this opinion; but the other symptoms, such as cessation of the pain almost immediately on the escape of the discharge from the os externum, the blackish and clotty character of the discharge, principally of the first portion of it, and when the pain is most severe, suggesting their temporary retention in the uterus, would, however, lead one to look upon it as one of a mixed type. To my mind it appears to have originally been a case of the congestive variety to which was subsequently added the element of neuralgia. It was evident, from the patient's condition, that she had a hyperæsthesia of the nervous system in general, and it may be concluded, of the uterine nerves in particular. This condition was materially aggravated by the congestion at the period, and gave rise to spasm of the cervix and neuralgia of its nerves, and thus produced pain and retention of the first portion of the discharge. This case was pronounced by some well-known members of the profession to be incurable unless surgical measures were had recourse to. From what I have stated, the case would appear to be one of temporary narrowing of the cervical passage under

the influence of congestion and spasm, and I failed to see how surgical interference could obviate the condition. My theory of the case stated above led me to hold out hopes to the patient of at least considerable relief, if not of thorough cure. She or rather her husband was only too glad to have recourse to any means however slender to avoid what appeared to them a dangerous operation. I saw the case first on the day when she expected the course to come on, and I gave *Gels.*, half a drop every hour so long she did not have the pain, and left directions to take the medicine in drop-doses every $\frac{1}{2}$ hour if she had the pain.

On the following day, 15th Sept., she was reported to have had a very slight pain which lasted for about 20 minutes only. I ordered the medicine to be stopped, and asked them to report when the menses were over, when I gave *Act. racem.* 6 to be taken till the next period.

14th Oct. 1880. I was called in haste to see the case, and I found her in extreme agony. As she had some of the characteristic symptoms of *Cocc. ind.* I gave it to her, a drop of the 6th dilution every 15 minutes, and I had the satisfaction to learn that the pain ceased after the 4th dose. I directed the patient to take a drop of the medicine every day till the next period, which, I was glad to hear, was a painless one. I saw her several times since, and had the pleasure to know that she had no return of the disease.—*Calcutta Jour. of Med.*

METRRORRHAGIA WITH AGUE.—S—, a married lady, æt. 30, of a spare make and subject to irregular menses, had an attack of fever on the 31st of December last, and was treated by me with *Aco.* and *Bell.*,

under which she got well in two or three days. It was about this time that her menses appeared, and I had to stop all medicine for the time being. On the 7th January she felt chilly, after taking her usual bath in the morning; this culminated in a regular attack of fever in the course of the day. I was called in to see her in the evening, and prescribed *Bell.* again, as she complained much of her head. On the following morning, finding her still feverish with a confined state of the bowels, I had to order a few doses of *Nux v.* during the day. At night the fever returned, and I was sent for at an early hour on the morning of the 9th inst. On inquiry I found that she always suffers from a dry teasing cough before the attack of fever, and besides she being in the habit of sitting too long in the bath, I made up my mind to give her *Rhus tox.* 6 at once, and to my great satisfaction I was told on my next visit that the fever left her entirely after 2 doses of the medicine, and she has been feeling perfectly well since. The medicine was continued for a couple of days more and then stopped for a day only, when the fever returned again and presented the same symptoms, viz., a dry teasing cough before the attack, with flushed face and head symptoms. On the first day I tried *Rhus* again, but finding no relief by the day following, I had to resort to *Puls.*, as she said her menses were not free. This was on the 14th inst.

In the evening I saw her again and found her still complaining of her head and scanty discharge, temp. 101; ordered *Bell.* 6, a dose every 2 hours up to 3 doses during the night.

15th Jan., morning; found her in high fever. Temperature 103.; much headache, with constant oozing of blood from the genital passage. On enquiry I learned that after the 3rd

dose of the last medicine her menses^s began to be more free, but the fever increased. No medicine.

At noon, having passed a large quantity of blood, she fainted away, and I was hurriedly sent for, and found her quite prostrate and shivering, temperature 105; ordered a dose of *Aco.* 1 at once. Suspecting something wrong in the uterus, I sent for a midwife to examine the parts. After examination the midwife told me that the os was dilated, but not sufficient to allow two fingers to pass together, besides she could feel a distinct solid body in the passage, as if of a foetus 3 or 4 months old. Thus informed I sent for Dr. Sircar, who came, and to prevent an abortion gave her *Caullophyllum* 1x to be repeated every hour up to 3 doses. This did not mend matters, on the contrary the discharge continued more or less until evening, when she felt so weak and faint that I was obliged to give her a few doses of *China* 30; this revived her in a short time, and she was strong and hearty again by 7½ p.m. when Dr. Sircar came to see her again. Temp. 99.

At night (between 10 and 11) she had another shivering fit, and it was followed by high fever, for which I prescribed *Puls.* 30, which again brought her temperature down to 99.6 in the morning.

16th. Morning. Temperature ranging between 99 to 99.6. Dr. Sircar came to see her again this morning, and told me to continue the last prescription, until another accession of fever.

At noon the fever came on as usual with a hard shivering fit, and the temperature rose to 105.4 at 5.30 p.m., when I gave her *Secale* 30, as the labor pains were wanting throughout her illness, and the midwife still stuck to her belief that there was a dead foetus in the uterus.

Secale 30 did no good. The fever continued unabated, and the flooding became alarming. Dr. Sircar was again consulted at 9 p.m. in the evening, and we decided upon giving her *Secale* in material doses as a *dernier ressort*, and prescribed Liq. Ergotæ in 15 drop doses, to be repeated every 2 hours up to 4 doses during the night.

17th. Morning, 8 a.m. Has had no return of fever at night, scanty fœtid discharge from the uterus, though no sign of a fœtus coming away in the passage. Temp. 99. Cont. *Ergot* every 4 hours in 10 drop doses.

Evening: No untoward symptoms. She kept an even temp. (99) throughout the day, only it rose a little at 5 p.m., when it was 100, but is again subsiding. Med. to be taken every 6 hours.

18th. Morning. Temperature 98.4. Dr. Sircar suggested quinine as a preventative and tonic once in the morning, with directions to repeat ergot, should the bleeding recur and the temp. rise above normal.

19th. Had one dose of quinine and one dose of ergot yesterday, and the patient had nothing to complain of except weakness and some slight discharge. Repeat medicine as in the day before.

20th. She is doing nicely. Temperature ranging between 98.2 and 99.4. Continue medicine.

From this day she gradually improved and we left off watching her further.

REMARKS.—This case presents several points of interest. Guided by the symptom pointed out by Dunham as characteristic of *Rhus*, namely, ly, a teasing cough before and during the chill, the drug was prescribed with very good success in the beginning; but on a recurrence of the paroxysm with the very same symp-

toms it failed to do any good. Misguided by the midwife we prescribed *Caulophyllum*, and, as should have been the case, without effect. Lastly the action of *Secale*, in material doses, after failure of the attenuation, was charming. It not only checked the uterine hæmorrhage, but exerted a decided influence upon the fever. Could any other homœopathic medicines, in dilutions, have produced as satisfactory a result? If we believe with Hahnemann that no remedy has its substitute properly so called, we must believe that in this case no other remedy could have acted so well as *Secale* did in strong doses. Could the cure have been completed without quinine? It is more than we can say. It certainly did no harm, and it seemed to expedite the recovery.—*Ibid.*

A CONTUSED PAIN IN THE RIGHT TESTIS AND SPERMATIC CORD CURED BY DIGITALIS.—H. C. B., aged 40 years, while in the full enjoyment of health, on the 24th Sept. last at 11 ½ A. M. after breakfast, felt a contused pain in his right testis, accompanied with retention of urine. The pain increased and extended over the abdomen, and involved the right spermatic cord. In half an hour the pain became so excruciating that he began to roll on his bed and scream aloud. At 1 P. M. I went to see him, and found him in intense agony. He asked me for a dose of medicine at once before giving any account of his case, as otherwise he was under the apprehension that death would soon close the scene. After taking the history of his case I gave one dose of *Clematis* 30, one drop in water. I watched for 15 minutes—the medicine failed to give him any

relief whatever. I next gave *Dig.* 30, half a drop in water. The medicine worked like a charm, the pain disappeared at once, and the patient slept in the course of 5 minutes, and slept for two long hours, after which he got up quite refreshed, and passed a copious quantity of urine.—*Ibid.*

INDUCTION OF PREMATURE LABOR FOR THE CURE OF ALBUMINURIA.—

Mr. A. Drummond Macdonald, (*British Medical Journal*, July 1st, 1882) induced premature labor at the end of the seventh month of uterogestation in a primipara, in whose urine albumen had gradually increased for a month. When first examined the urine gave only a slight trace of albumen, but a month afterwards it became so thick on boiling that it could not be poured from the tube. (Edema of the labia and legs was so great as to prevent locomotion. There was great debility, headache, and a pulse of 120. After the induction of labor, which was accomplished by the introduction of a gum-elastic bougie, and was attended with no complications, the albumen gradually disappeared from the urine. There was no sign of eclampsia. Both mother and child did well. In commenting on the case the author remarks that its general aspect, with the headache and diminished urine, gave the impression that uræmia would supervene before either natural labor or abortion could give relief, and advised even earlier interference in similar cases where a viable fœtus is not an important object.

VOMITING.—Professor Potani states in the *Révue Médicale* that vomiting is a more constant symptom of brain

disease, or disease of the kidney, than of affections of the stomach, and advises attention to the encephalon and the uriniferous organs in cases in which constant vomiting is observed without any manifest sign of disease of the digestive organs.

NEWS ITEMS.

Early to bed and early to rise doesn't always make a man wise. Archbishop Whately was one day asked if he rose early. He replied that once he did, but he was so proud all the morning and so sleepy all the afternoon that he determined never to do it again.

For repairing the waste of the phosphates in the human system consequent upon protracted mental or physical labor, there are few preparations that perform the work more thoroughly, and at the same time are so pleasant in their administration as the Acid Phosphate of Prof. Horsford.

To destroy bacilli Dr. R. Koch has found that chlorine, bromine, mercuric chloride give the best results; phenol, thymol, and salicylic acid being comparatively inert. Solutions of mercuric chloride, nitrate or sulphate diluted to one part in 1,000 destroy spores in 10 minutes in prepared solutions.

A preparation of beef pharmaceutically known as Beef Peptonoids is exciting general and very favorable comment among the profession. It has been determined that 4 ozs. of the Peptonoids contains nutritious portions of more than ten pounds of beef. Reed & Carnrick will send samples to any one asking.

Leighton, the murderer, was legally choked to death in New York the other day; but the official surgeon does not like the adverse comments upon the bungling sheriff, so he has issued a card saying that Leighton died from pressure upon the spinal cord and medulla oblongata, caused by laceration of the anterior common and transverse atlantal ligament, which allowed the atlas to luxate forward on the axis." A very clear and lucid explanation for the non-professional.

The United States Medical College has opened its winter session with a full quota of students and good prospects.

The Art Amateur is a publication worthy of a place in every library, where taste and cultivation are sought. Its recent illustrations have been of the highest order.

Dr. A. E. Sumner of Brooklyn, died suddenly Aug. 30th, in the office of Dr. J. Lester Keef, where he had gone for treatment. Paralysis was the cause.

An incident at a French medical examination:

Professor—What would you administer to a person who had swallowed a large dose of arsenic?

Candidate—Extreme unction.

He passed.

Having obtained samples indiscriminately of the various preparations of Cod Liver Oil from my druggist, I have thoroughly investigated and tested the properties of each, and have determined that "Phillips Palatable" is the most readily assimilated, and withal, the most reliable.—*Exchange*.

A Cincinnati physician says that diarrhoea and summer complaint can be cured by exposing water in a blue bottle to the sun for a half hour or upward, and then giving one or two teaspoonfuls each hour until the symptoms change. Water thus affected by the sun he declares to be a great nervine and refrigerant as well as an astringent.

A man went into a drug store and asked for something to cure a headache. The druggist held a bottle to his nose, and he was nearly overpowered by its pungency. As soon as he recovered, he began to rail at the druggist, and threatened to punch his head.

"But didn't it help your headache?" asked the apothecary. "Help my headache," gasped the man, "I haven't any headache. It's my wife that's got the headache."

Prof. Wm. C. Richardson has returned from a vacation trip in the mountains of Colorado, much rested and improved in health. He writes "I am busy at a revised edition of my work on Obstetrics and will be thankful to any of your readers for Obstetrical hints of any kind. I want to make this new edition a credit to the school, it will be much enlarged, elegantly printed and bound, and up to the times in all points, in fine, a practical and complete, work on Ob-

stetrics (a companion volume to Ludlam on Diseases of Women). Send any hints or suggestions to Wm. C. Richardson, M.D., St. Louis, Mo.

The importance of such a remedy to the profession has been clearly established by such competent authorities as Prof. Wm. A. Hammond, Drs. Fordyce Barker, W. H. Van Buren and others. Prof. R. Ogden Doremus states that the greater proportion of phosphates in urine after excessive mental labor has been clearly established by chemical analysis, and to repair this waste Dr. Hammond affirms that he habitually uses phosphoric acid and the phosphates.

This Acid Phosphate recommends itself to the profession, particularly in all cases arising from a debilitated condition of the system in nervous diseases, and where the waste of phosphates is greater than the supply.

The *Athenæum* says: "Prof. Esmarch, the eminent German surgeon, has published a lecture, which he delivered before the Physiological Society at Kiel, on the treatment of General Garfield's wound. Prof. Esmarch's lecture was to the effect that General Garfield might have been alive but for the treatment he received."

The Homœopathic Medical Society of Central Ohio, has determined to offer a prize for the proving of drugs. The design is to secure an accurate proving of some partially tested remedies. The prize will be given to the physician who may present the most valuable proving. All homœopathic physicians and medical societies are invited to enter the contest. The prize will be *Allen's Encyclopedia of Pure Materia Medica*, or its money equivalent in Homœopathic publications to be selected by the successful competitor. The award will be made by three experts in materia medica, not members of the society. Any who desire to conduct such work, upon themselves, their patients, or friends, are requested to send to DR. JOHN C. KING, Circleville, Ohio, (Secretary of Committee on Provings) for Circulars, containing further information. It is hoped that members of our school, who desire a more accurate *Materia Medica*, and who are anxious for reprovings, conducted upon scientific principles (See Circular), will respond to this call. All work presented will be freely made the property of the Profession, or promptly returned to the author. Any one of three drugs may be selected. For full particulars send for circular.

THE AMERICAN HOMŒOPATH.

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ANTE-NATAL HOUR GLASS CONTRACTION.

BY

E. M. HALE, M. D.
Chicago.

The article in the October number of the AMERICAN HOMŒOPATH, entitled "Pre-natal Chaton," has called to my mind a recent case where the hour-glass contraction was distinct, and gave me a great deal of trouble.

Mrs. L., primipara, was taken with pains about 2 A. M. I arrived about 4 P. M. The pains were regular—about five minutes apart. The os was dilated to about the size of a silver dollar—and quite dilatable. The labor slowly progressed until at the expiration of three hours the pains occurred every two minutes, and the head seemed to have engaged in the superior strait, presentation, L. O. A. Now, although the os was perfectly dilated, and could be pushed back *during* a pain, nearly over the head of the child, it did not progress. The pains were severe, and accompanied by a sense of constriction across the lower bowels. I thought I could detect the horizontal furrow across the hypogastrium which is pathognomonic of pre-natal hour-glass contraction. After waiting several hours more, I concluded to apply the forceps. I should have applied my *longest* forceps, but had only the *medium* with me. They were applied, but failed to cause any descent of the head, although I had never had them slip before, or since. It seemed like pulling upon some firmly fixed object.

At this juncture I called in Dr. L. C. Grosvenor, who brought with him and applied Comstock's forceps, but

with no better result. The head would not advance, and his forceps slipped. She had now been under ether, chloroform and alcohol, mixed, for nearly two hours, and we feared to go further without allowing her to come out from under the influence of the anæsthetic. Meantime I sent for my *longest* forceps. In half an hour an examination revealed the position to be nearly the same, with but little, if any, advance of the head, although the pains were violent. She had been lying all this time on her back. I had her turned on her left side, and was preparing to go out for some *amyl nitrite*, when she suddenly exclaimed that the last pain seemed to cause something to give way, and that the bearing-down was now severe. I immediately examined and found that the head had progressed considerably. The next pain made a more decided advance, and a few more pains delivered the child in a natural manner, just as my large forceps arrived.

It is my conviction that some unknown influence caused the constriction to give way. The labor was easy after it relaxed. The pelvic bones offered no resistance to the advance of the head; neither did the soft parts.

This case convinced me of the following, viz:—

(1) That chloroform, or ether, may in some cases fail to relax the hour-glass contraction.

(2) That no amount of traction, short of mutilation of the child, will draw it through the contraction.

It is only within a year or two that such ante-natal contraction of the circular fibres of the uterus has been supposed to exist. Of late several papers treating of this subject have appeared in the *American Journal of Obstetrics*.

In my early obstetric practice I am sure that I met with several cases. In one, I regret to say, I gave Ergot, with very bad results, for the child was still-born. After its birth I observed a furrow around the chest and arms—for which I could not then account. It was doubtless caused by the constriction of the circular fibres of the uterus.

We have but few drugs which are indicated in this condition. Those which are primarily homœopathic are certainly Ergot, Nux vomica, and Cocculus. They cause firm, tetanic, constriction of circular fibre. But if prescribed in this condition, must be given above the 6th dil. None have been tried in such cases, when the condition was *known* to be present. We find on record several cases of retarded labor where Secale, and Nux. 30th, appear to have acted favorably. There must have been cases of constriction of the circular fibres of the uterus; certainly not of atony, for atony is a secondary state caused by Secale and Nux., in which such highly attenuated doses must be inefficient.

The remedies secondarily homœopathic to hour-glass contraction are Amyl, Gelseminum, Viburnum, and possibly Belladonna. I think I have seen Gelseminum remove this condition when given in doses of 1 to 5 drops of the tincture or ix dilution. Viburnum, I have not tested, but its great value in a kind of continuous after-pains, would indicate that it might prove serviceable in hour-glass contraction accompanied with great pain.

The powerful relaxing effects of Amyl nitrite in angina pectoris, gastralgia, uterine cramp, and, in fact, all tetanic constrictions of hollow organs, would seem to point out that drug as the proper one to use in ante-natal hour-glass contraction of the uterus.

I lately came across the following

case illustrating the power of Amyl, in this condition occurring after labor, and as it contains many good suggestions on other points, I have appended it hereto.

HOURLASS CONTRACTION OF THE
UTERUS TREATED WITH NITRITE
OF AMYL. BY FANCOURT BARNES,
M.D. M.R.C.P.—*Br. Med. Jour.*

I was called, at ten o'clock in the morning on February 28th last, by one of the midwives of the Royal Maternity Charity, to a patient with retained placenta. On my arrival I found that the patient, a secundipara, aged 22, had been delivered naturally at three o'clock in the morning of a female child. The midwife stated that she sent for me, because she had been unable to deliver the placenta. On examination I found that the umbilical cord had been separated from the placenta. The external os uteri was quite dilated, as was the cervical cavity; but the os internum and the circle of muscular fibres above it, called Bandl's ring, the chief seat of the hour-glass contraction, were firmly contracted, and only admitted a finger by which the placenta could be felt in the uterus. I now learned that the midwife, hoping to accelerate the third stage of labor, had given the patient a dose of ergot as soon as the child was born. I found it impossible to get my hand into the uterus to deliver the placenta. Bearing in mind the remarkable power which nitrite of amyl possesses in relaxing tension in the blood-vessels, I determined to test its action on the uterine spasm. The patient had three drops of the nitrite of amyl given her on a handkerchief to inhale, by Mr. Lingard. During the inhalation, the ring of muscular fibres round the os internum, which had been so rigid as to be absolutely undilatable, steadily yielded, until I could pass the whole hand into the uterus and

detach the placenta, which was universally adherent. There was no hæmorrhage whatever, and the placenta itself presented a remarkably exsanguine appearance. On referring to the third edition of my father's work on *Obstetric Operations*, I found the following. "We possess in ergot a great, a dangerous power of augmenting the force of the uterus. We want an agent endowed with the opposite effect, that will control and suppress uterine action. I consulted Dr. Richardson on this point. He tells me the desired power exists in the nitrite of amyl. Three minims of this added to one drachm of ether taken by inhalation is the form he recommends. It does not produce unconsciousness; but it is an anæsthetic as well as a sedative of muscular action. It is the antidote or opposite force to ergot. In it we have the desiderated 'epochontocic agent.'" In the case in question, the drug certainly acted admirably. It relaxed the irregular contraction of the uterus, and acted as a sedative and anæsthetic without producing unconsciousness. The case is also instructive as an example of the dangers which may result from the administration of ergot before the expulsion of the placenta. The tetanic action was no doubt increased by the traction which had been made on the cord. It is well known that ergot, when given before the birth of the child, may cause its death. I believe this results from the blood being squeezed out of the placenta by the uterus. Although in cases of irregular contraction of the uterus that organ is firmly contracted, the contraction does not separate the placenta. On the contrary, in the cases I have seen, the placenta has been firmly adherent, as it was in this case. I am aware that nitrite of amyl has been used to relax uterine spasm

before. In it we possess, I think, a new and trustworthy addition to the resources at command for overcoming spasmodic or trismic contractions which will always yield to other remedies.

A CASE OF PUERPERAL ECLAMPSIA.

REPORTED BY

A. B. RICE, M.D.,

Panama, N. Y.

On the 20th of May, (Saturday) 1882, I was called to visit Mrs. F., a primipara, who supposed herself to be near the close of the eighth month of her pregnancy. I found the patient in the following condition, as nearly as can be given from memory, as no notes of the case were kept.

My patient was a little above the medium size and weight, well formed and intelligent, and twenty-four years of age. My attention was at once arrested by a general œdematous appearance of the whole body: the face, neck, arms, hands, feet and limbs were in a condition of marked œdema. She complained of headache, floating specks before her eyes, dullness of mind, and a general feeling of *malaise*. Appetite was poor, bowels costive, and urine scanty.

A specimen of the urine was obtained, and when tested by the addition of a few drops of nitric acid, and by subsequent application of heat, about three fourths of the quantity coagulated, evidently very largely albuminous.

She also complained of distressing pains, worse at night, intermittent in character, and without doubt caused by uterine contractions. The woman was able to sit up and walk about her room, although unable to attend to her ordinary duties.

My diagnosis was albuminuria, aggravated in extent, with a fair prospect of puerperal convulsions at the time of labor; and indeed with a prospect of labor even now at hand.

My hope in the case was that labor might be postponed until by remedial agents the albuminuria might be somewhat relieved.

Accordingly I directed rest in bed, a milk diet, and quietude of mind as well as body. Prescribed Arsenicum 6x and Mercurius corrosivus 6x to be taken in alternation with the hope of relieving the albuminuria.

The husband was informed fully of the nature of the case and its probable termination. As a matter of course he was alarmed and all friends of the family as well, and a few days thereafter the most celebrated allopath in the place was called in consultation. For once he "*ate humble pie*," and fully endorsed not only the diagnosis but the treatment of the case.

The case continued without material change for five days, or until Thursday, May 26, when the pains which had been troublesome every night, began to be more severe, and it was evident that the beginning of the end was at hand. The amount of albumen in the urine was about the same, although a specimen obtained after some hours of labor had been passed was almost solid albumen.

For six hours there was nothing unusual in the history of the case. The dilatation of the os proceeded slowly, but steadily; the contractions were normal in character and frequency: and the os uteri was so largely dilated that I was hoping that the descent of the head would soon begin. But suddenly, without a moment's warning, there came on one of the most violent convulsions I have ever witnessed. After a few moments the convulsive action ceased and a short sleep followed. (No

chloroform was used.) Preparations were at once made to deliver with the forceps, which were at hand, but owing to the objections of husband and mother they were not applied. Soon the contractions became regular again. Bell. 3^x was administered, and for an hour there was progress again, when as suddenly as before, the second convulsion came and before the patient had regained her consciousness I had delivered her with forceps, much to the surprise of those present.

The child was uninjured, and although very feeble, survived, and is now a fine, healthy baby.

The mother slowly regained consciousness; was put again upon a milk diet, and Ars., Apis. and Merc. cor. were given during the convalescence.

The albumen rapidly diminished, the urine became copious, the œdema disappeared and the improvement was steadily maintained.

Severe neuralgic headaches, with sharp pains, of a similar character, in the limbs were the only symptoms of note during the convalescence.

At the present time recovery seems complete. The case is related with the desire of adding somewhat to the history of the much dreaded puerperal convulsions, and also as a testimony to the efficacy of homœopathic treatment in such cases.

A REMARKABLE CASE.

BY

S. W. SELLEW, M.D.,

Cambridgeborough, Penn.

I send you a report of what seems to me to be quite a remarkable case. I reported this case before the Craw-

ford Co. (Pa.) Homœopathic Medical Society and it was received with so much approbation there that I thought I would submit the case to you for publication.

About April 1st, 1882, Rev. L. called at my office with his little daughter Nellie, whom he said had been suffering more or less for some time past with sore eyes and that now one eye was so bad that he was obliged to remove her from school. Upon examination I found the right eye in pretty good condition, but the left eye was quite the reverse. The conjunctiva was very much inflamed and its vessels injected with blood. A grayish ring was formed around the cornea very much resembling the arcus senilis of old people. On the upper part of the cornea, about $\frac{1}{8}$ inch below the superior edge, I discovered an ulcer about the size of a pin head, gradually eating its way through the substance of the cornea.

I prescribed Arsenicum 4x in alternation with Hepar. sulphur 4x a two grain powder every two hours. Under this treatment the ulcer gradually disappeared so that in two weeks' time not a trace of the ulcer could be detected, but the conjunctivitis still lingered and became complicated with blepharitis marginalis. Another singular feature of the case was the metastases. The inflammation would quite frequently leave the left eye altogether and the right eye become inflamed for a few days when it would leave the right eye and travel back to the left. While the inflammation was in one eye there would not be a trace of it in the other one, thus the patient would always have one sound eye and one diseased one.

After treating the eye for about two months without budging the trouble, although at times the patient would be a little better and then get worse, I became very impatient over

the affair as I am a fresh graduate and this was about my first case after locating here in an allopathic town, where no homœopath had ever flung his shingle to the breeze, and I imagined every one was watching this case. I had prescribed various remedies alone, and in alternation, without doing any apparent good, among which were Aconite, Bell., Euphrasia, Pulsatilla, Kali hydriodicum and Sulphur, and all without any seeming benefit. So finally I wrote a history of the case and took 'o Cleveland to consult Prof. G. J. Jones. I have a copy of the paper I handed Prof. Jones which reads as follows:

Nellie I.—, nearly 11 years of age. Symptoms—1st. She is of a scrofulous diathesis. 2d. When an infant 5 months' old had what was said to be weeping eczema. This was suppressed on her neck and then appeared back of her ears.

The latter was again suppressed by means of local applications; since that time her eyes have been weak and when exposed to wind her eyelids have become red and profuse lachrymation has taken place. 3d. Eyes frequently inflamed. 4th. Inflamed condition and swelling of the lids. 5th. Itching and burning at times with profuse lachrymation. 6th. Intolerance of light. 7th. Aggravation sometimes at night. 8th. Palpitation of the heart from the slightest cause. 9th. Easily made to weep. 10th. Easily irritated (temper.) 11th. Skin does not have a healthy look. 12th. The inflammation changes from one eye to the other, *i. e.*, there is a metastasis. 13th. The left eye is always worse when attacked. 14th. Frequent agglutination at night, so that in the morning they require soaking and washing. 15th. Aggravated by heat and part of the time a mighty aggravation; also an aggravation before

every storm. 16th. Very nervous. 17th. The attack has not been characterized at any time by pain, although the photophobia has at times been severe. Prof. Jones told me to prescribe Sulphur 30x and stick to it until I was sure it was either aggravating the symptoms or ameliorating them, and that if I got an aggravation to give Sulphur 200x, so accordingly I prescribed Sulphur 30th decimal 2 grain powder three times a day without any seeming benefit. Finally at expiration of eight weeks constant use, an eruption of an eczematous nature appeared back of the ears in exactly the location where it had been suppressed ten years before, and upon the appearance of the eruption the eyes became clear and strong and every trace of inflammation disappeared.

The eruption lingered along for about three or four weeks when it disappeared, the Sulphur being used twice weekly in the meantime. Since the disappearance of the eruption the patient has been stronger and her mind and temper less irritable and she feels much better physically than before. I have learned three lessons from the above case.

1st lesson. Eruptions can never be cured by local applications. They are only a local manifestation of a general blood dyscrasia and can be suppressed but not cured by local means.

2d lesson. Stick to the indicated remedy although you do not get results from it the first day or the first week or first month.

3d lesson. Sulphur possesses curative powers in the 30th decimal potency.

— — — — —
Bella. 2x internally is recommended as an antidote to the poisoning of Rhus tox. vine.

CASES IN PRACTICE.

BY

G. N. BRIGHAM, M.D.,

Grand Rapids, Mich.

Mrs. S., æt. 38, consults for an asthma which has troubled her off and on for five years. It seemed to follow a severe attack of pneumonia. Her attacks are worse in the summer. They do not prevent her from lying down. Coughs badly, and the dyspnoea only relieved when she expectorates a little salt-tasting phlegm, which comes away with difficulty, with pain under shoulder blades. Attacks more often set in after sleep, or when the menstrual period sets in. Complains of being choked; has a sense of suffocation. The menses start well, flow two days, and stop a day, and finish off feebly, the flow being very dark-colored. Some clots first day. Menstrual period sets in with severe headache, and much general disturbance, as if congestion followed in all the blood-vessels. All of her troubles are worse at the menstrual announcement. The left ovary sensitive, with pain shooting into groin. This remains in the interval, and is noticeable at about midway of period of repose in particular. At this time has a little leucorrhœa. Lach. 200. Case improved rapidly, and no return of trouble for months.

Mrs. J. W., æt. 60, dark complexion, very nervous and despondent, does not believe any medicine will help her. Troubled with a headache, mostly in the occipital region. Inclined to be thirsty and feverish, but febrile type not inflammatory. Cannot bear anything sweet, not even the amount of sugar in a few globules of medicine dissolved in water. Has been badly nauseated for months. Everything she eats distresses her beyond endurance. Much burning

in œsophagus and at pit of stomach. Hands and feet burn. Stool difficult to pass, and draws out in slender shape. Phos. 200, with rapid improvement of all the symptoms.

COLLINSONIA CANADENSIS.

BY

E. B. SHULDHAM, M.D.,
London, Eng.

My introduction to this medicine was given me by a patient. Of course I had known of *Collinsonia*, and had read of its virtues, but I had not made any clinical use of this medicine until it was brought prominently before me by a failure of my own.

Failures are, on the one hand, delightfully humiliating; but, on the other, they are wonderfully improving. My failure certainly humbled me, but it also, I hope, improved my practice. Let me describe my defeat; it is instructive.

Some years ago I attended a young lady at Croydon, who suffered from troublesome constipation, and also from piles. The stools were very large and rather dry, and at times there was "an attack of piles."

I gave *Bryonia* and *Sulphur* for several weeks with decided advantage to the constipation, but with very little benefit to the piles.

My "Hahnemannian" friends will see that *Bryonia* was rightly chosen for "large and dry motions;" and *Sulphur* was called for by the large, blue, venous swellings which protrude after stool, and which are commonly known as piles.

I gave *Bryonia* in the 1st and 2d decimal dilutions, and *Sulphur* in the 3d decimal trituration.

Well, one day I was sent for by my patient, and found her in bed, suffering great pain from a large pile

which had protruded, and would not go back of its own sweet will. After a while, with gentle manipulation, I returned the pile. Then I gave *Aesculus Hippocastanum*, for the patient complained of that dull ache in the sacrum which is characteristic of this remedy, and I actually was loose enough in my practice to add *Belladonna* to my prescription. The attack gave way, but my treatment was not brilliant; it was hardly satisfactory. My patient went away from Croydon to a friend in the country. She had an attack similar to the last suffered from at Croydon. She was prescribed for, and quickly relieved.

At our next interview she told me the story of her sufferings, and of her relief; and she said, "I am sure you would like to know what relieved me, and so I have brought the bottle of medicine given me."

I took the little bottle in my hand. It had a label with *Collinsonia Canadensis* on it; the dilution was the second decimal. Like Captain Cuttle, having found this remedy, I made a note of it. I was grateful to my patient, and have been ever since. I have found this medicine most useful in the cases of piles which bleed, but bleed only on great pressure, and when the flow is venous and not arterial.

Constipation is generally associated with the pile trouble, and sometimes the bowel itself prolapses. I have given this remedy to a relative of mine who is well advanced in years, who has prolapse of the sphincter, venous bleeding, and occasional constipation. The results are most satisfactory.

I gave it to a lady patient who had a very large internal pile. She suffered from constipation, and one day, in straining at stool, both the pile and sphincter prolapsed.

I was sent for in hot haste from Lon-

don to Guildford, and though the parts were enormously swollen and congested, after free lubrication of sweet oil and continuous gentle pressure, I returned the whole mass. Then *Collinsonia* reduced all inflammatory symptoms, and gave the bowels comfortable relief.

Those of my colleagues who have not made trial of this remedy need not fear to give it to their patients in the low dilutions. In the tincture, 1st, 2d and 3d decimal act well, and do not aggravate. Of the higher dilutions of this remedy I know nothing; of the lower dilutions I have many good words to report.

Sulphur follows well, and I have a preference for the 3d decimal trituration.—*Homœ. World.*

CLINICAL CASES.

BY

F. B. KNIGHT, M. D.,
Barbados.

AUG. 10, 1881.—(1.) Mrs. T——, married three months. For the last eight or ten years has suffered from a trouble which greatly embarrassed her in the performance of domestic and other duties, the symptoms of which are as follows:—Sense of bearing down, sensation as if she must cross her legs and sit close, to keep something from coming out of vagina, aggravation in the evening and during motion, relief by lying down.

It having always been my policy to save ladies the humiliation of a manual examination when possible, and using that keynote to which Dr. Hughes has given such prominence in his valuable *Pharmacodynamics*, I prescribed *Sepia* cm. (Skinner), three powders, to be taken one every night on going to bed, and *Sac. Lac.* during the remainder of the week. On the second day she felt perfectly

well, took a walk of two miles to her mother's residence, and returned without feeling any discomfort from the journey, which had never hitherto been the case for the period above mentioned.

(2) Mr. F——, a student, towards the close of the winter session of 1882, contracted a cough from the cold winds to which the city of Cleveland is so subject.

This cough was worse before midnight and towards morning; it was induced when any part of the body became cold, and in character was loose and rattling, with a sensation as if something were in the throat on swallowing.

I prescribed *Hepar Sulph.* 30, a dose morning and evening for one week. The cure was only partial. Referring to Burt's "Physiological Materia Medica," I became fully impressed that *Hepar* was the simillimum which I prescribed in the 500th potency (Boericke and Tafel), one powder on going to bed. Three or four days after he reported as follows: About 2 A. M. of the same night his cough grew worse than it had been on any former occasion; finally, however, succeeded in falling asleep, he awoke with his cough troubling him no more. Despite the most trying weather he has had no return.

(3) Mr. H——, an engineer, consulted me about a cough from which he suffered. *Bryonia* and *Lycopodium* were given as seemed indicated with only partial benefit. At his next visit he immediately spoke of dreaming of snakes, which greatly frightened him, also of the pain being worse on the left side. *Lachesis* 13x, six powders, cured.

(4) Mr. N—— consulted me about the following symptoms: palpitation of heart, pressure in the chest in region of heart, pulse intermittent, fever intermittent in character, morn-

ing aggravation, aching in the limbs, blueness of lips and finger-nails during the chill, gastric and biliary symptoms after the apyrexia, great heat, yet could not bear to be uncovered. *Nux Vom.* 3x, five drops in half tumbler of water, teaspoonful every three hours. In three days he was able to resume his work, and up to the present has had no return of the trouble.—*Ibid.*

**CASE OF CHRONIC DIARRHŒA OF
TWENTY YEARS' STANDING
CURED BY JALAP.**

BY

J. C. BURNETT, M.D.

I have generally found that people are most readily convinced of the beautiful truth of the homœopathic law by a *simple case*. The case of Chronic Diarrhœa which I now intend to relate has confirmed this experience, although such confirmation was needless. The patient was a great scoffer at Homœopathy; he is not one of your lukewarm people who do not care very much any way, but he held Homœopathy in the most supreme contempt, and its professors were for him undesirable beings. He was an allopath of the allopaths, and even when brought to me by a friend, he proceeded to say that he did not believe in "your homœopathy," and only came to please his friend. Probably there was a faintly flickering hope, lurking deep down in his inner self, that he might by some good luck get cured nevertheless, though he stoutly affirmed that he had "no faith."

It was just as the old year 1881 was coming to its close that Mr. — came as just described. He had had diarrhœa, off and on, for twenty years, generally in the fall and winter.

It was began twenty years ago, and he attributed it to anxiety; anxiety made it worse.

Tongue very smooth and glazed; morning taste dry and metallic.

Urine pale. Pulse small. Never had any other disease except some boils years ago.

Nature of Diarrhœa. The motions came suddenly; of watery consistence; generally a little blood with the stool; much wind; smell of rotten eggs. Considerable meteorism.

If any one does not believe that *Jalap* will cause diarrhœa, there is a very simple means of ascertaining.

My prescription was *Jalap*, 3x, four grains, dry on the tongue, three times a day.

It cured him straight away, and this whilom scoffer at our blessed therapeutic law is now an ardent homœopathic missionary in this good city of London.—*Ibid.*

**TREATMENT OF HÆMORRHOIDAL
DISEASES.**

(Translated from the French of Dr. Jousset.)

1. *Treatment of hæmorrhoids during the attack.*—If the inflammation, pain and hæmorrhage of the anus, which constitute an attack of hæmorrhoids, be in moderate proportions, it would be necessary to be on the expectant, because the anal inflammation and hæmorrhage serve as crises to other hæmorrhoidal sufferings. When, on the contrary, these various symptoms acquire great violence, they will become the source of particular indications.

Hæmorrhoidal pains.—*Nux vomica*, *Arsenicum*, *Capsicum annuum* and *Sedum Acre* are the principal medicines.

(a). *Nux vomica* is a capital medicine in the treatment of hæmorrhoids. It is indicated in cutting and lancing

ating pains with a sensation of constriction and tenesmus. Obstinate constipation and aggravation of the pains in the morning confirm the employment of *Nux Vomica*, which ought to be prescribed in such cases, in the 12th dilution, four doses in 24 hours.

(b). *Arsenicum* is indicated by burning pains, pains as of points of fire penetrating into the tumors; the aggravation is nocturnal. Diarrhœa is no contra-indication for *Arsenicum*. The dose ought perhaps to be stronger than that of *Nux Vomica*; the 6th dil. is very suitable, as also the 3d, if there is diarrhœa.

(c). *Capsicum Annuum* is a traditional medicine in homœopathy; the academicians have discovered it fifty years after Hahnemann. This medicine is suitable for burning pains, but its characteristic is the anal and the vesical tenesmus with small diarrhœaic stools.

(d). *Sedum acre*.—This medicament, which forms the basis of a secret remedy very much in vogue in Vienna at the end of the last century. This medicine, of which the indications are still entirely empirical, is perfectly suitable for hæmorrhoidal pains which simulate those of *fissure of the anus*; pain of constriction, which becomes aggravated for some hours after stool. I have cured veritable fissures with this medicament. I prescribe at first the 6th dilution, and descend gradually to the mother tincture if necessary.

(e). *Æsculus hippocastanum* or Indian chestnut is a popular remedy in France for hæmorrhoids. It has given to Richard Hughes success in a case presenting pains of fissure of the anus. This medicine is suitable for hæmorrhoids associated with constipation, when there is much pain and little or no discharge of blood.

(f). *Aloe* has the reputation of

developing hæmorrhoids. For it, as for *nux vomica* and *capsicum*, tenesmus is the characteristic symptom. *Aloe* is also a medicine for dysentery, and it is in cases where the stools are scanty and sanguinolent that it will be indicated.

(g). *Collinsonia*, indicated by tenesmus and constipation, is suitable particularly in females in the family way.

2. *Phlegmonous inflammation of hæmorrhoidal tumors*.—This accident, very painful, may terminate in suppuration, gangrene and alteration of hæmorrhoidal tumors. The strangulation of the tumors is also one of the possible accidents of their inflammation.

(a). *Aconitum* is suitable at the beginning if the febrile motion is pronounced. We may give it in doses of twenty drops of the mother tincture in the day.

(b). *Mercurius solubilis* and *belladonna* should be alternated, in the 3d dilution, one spoonful every two or three hours during the acute stage of the phlegmon. Baths, cataplasms, applications of pomade of belladonna ought not to be neglected when the inflammation is violent and very painful.

(c). *Chammomilla* is indicated when the tumor is ulcerated and painful. This medicament ought to be administered in the 3d dilution. The external application of decoction of chammmomilla ought to be had recourse to concurrently.

The strangulation of the hæmorrhoidal tumor demands its reduction, when this reduction is possible, and when once reduced the tumor remains in its position. This reduction is practiced with the fingers smeared with some greasy substance. It is advantageous to keep the tumor above the sphincter for some minutes, and after that to keep the patient perfectly quiet in bed for some hours in order to maintain the reduction.

3. *Hæmorrhoidal hæmorrhages*.—This is the gravest accident that the hæmorrhoids can produce. The hæmorrhage, by its abundance and repetition, can rapidly bring on an anæmic cachexia, and may even terminate in death.

Belladonna, sabina, millefolium, phosphorus, thlaspi, ipecacuanha, muriatic and phosphoric acids, are the principal medicaments in hæmorrhoidal hæmorrhages, but all of them have been eclipsed by the American remedy *hamamelis virginica*.

(a.) *Hamamelis*. This drug is indicated in profuse hæmorrhages; it has always succeeded with me, and whenever I have failed I have found that there was some error of the pharmacist, and that the medicine was not given. Since I have stuck to this medicine I have never had recourse to the perchloride of iron, nor to cauterization. The dose I employ is the 3rd centesimal dilution, 2 drops in 200 grammes of water, four spoonsful in the day. The effect of this dose has not to be waited for beyond 48 hours. In case of failure I do not hesitate to prescribe the mother tincture. Richard Hughes employs the first decimal dilution. We shall now speak of other remedies for hæmorrhoidal hæmorrhages:

(b, c.) *Belladonna*, and above all, *stramonium* are indicated by abundant discharge of blood with pain as if broken in the sacrum. Hahnemann recommended *belladonna*.

(d.) *Phosphorus*, an anti-hæmorrhagic drug, *par excellence*, corresponds to profuse flow of blood during and after stools, and with hæmorrhoidal tumors.

(e, f, g, h.) *Millefolium, sabina, ipecacuanha, thlaspi* have been employed in hæmorrhoidal hæmorrhages by reason of their general anti-hæmorrhagic properties.

(i.) *Perchloride of iron* in dose of

ten drops in a potion of 125 grammes, injections of quarts of water with 2, 4, and 6 grammes of perchloride of iron, and, finally, *cauterization* with red hot iron, ought to be employed if the medicines indicated above are without effect. But since the introduction of *hamamelis* in therapeutics, I have never had recourse to these means.

II. *Treatment of hæmorrhoidal disease and visceral affections*.—We know that the hæmorrhoidal disease does not consist solely of the affection of the anus of which we should give a resumé of treatment, but that like gout it produces various visceral affections; congestions, hæmorrhages, phlegmasias, diseases of nerves and neuralgias; megrim, asthma, dyspepsia, hypochondriasis, epistaxis, hemiplegia, hæmatemesis, cerebral hæmorrhages, are very frequently of a hæmorrhoidal nature, and chronic encephalo-myelitis happens scarcely in any other than hæmorrhoidal patients.

The already long practice of homœopathy has taught that the two principal drugs for visceral hæmorrhoidal affections are *nux vomica* and *sulphur*.

These two medicines ought to be alternated, *nux vomica* in the evening, *sulphur* in the morning for eight days, give rest for four days, then resume ann in this way go on for several weeks. The 12th dilution of *nux vomica* and 30th of *sulphur* are the preferable doses.

These two medicaments constitute the treatment of the foundation as it were, and ought not to prevent the prescription of other remedies which are suitable to each particular affection.

III. *Treatment of the cachexia*.—If the patient has arrived, by reason of repeated hæmorrhages, at a state of profound cachexia, *china* and

arsenicum constitute the two principal medicaments after by appropriate treatment the hæmorrhage has been subdued. *China* ought to be prescribed in the first triturations, three doses in the day, after hæmorrhages. *Arsenicum* in the 3rd trituration ought to be prescribed after *china*, and continued for a long time.

Hæmorrhoidal patients find themselves better by residence in the country, above all on sea-shore. *L'Art Méd.*

DIARRHŒA PASSING INTO CHOLERA.

BY

J. N. MOOKERJEE, M.D.

A married woman, aged 25, had simple diarrhœa from indigestion on the 18th of January, 1882. On becoming worse and rather low at night her father, an amateur homœopath, gave her Arsenic 6. This medicine was repeated several times during the night. In the morning she was a little better, but her father, not feeling confident to go on further with the treatment, left her in the hands of her relatives to watch, and came to Dr. Sircar to take him to see the case. In the meantime another lay practitioner was brought in by the relatives to treat her. This man, without inquiring whether the patient was doing well or not under the previous medicine, prescribed Verat. and Cup. in alternation. Dr. Sircar being engaged in his Out-door Charity sent me to see the case at once.

It was on the morning of the 19th that I first saw the patient. I found her very restless, with collapsed features, extremities cold, pulse feeble and thready, constant retching and nausea, slight cramps. I was told that since she took Verat. and Cup., she

is getting more profuse stools and that her urine has become suppressed. Ordered Ars. 6, every two hours.

Dr. Sircar came to see her at about eleven and advised me to continue the medicine, at long intervals, and left instructions to try Aco. tinct. if she became worse.

1½ P.M.—Went to see her again, found he still very restless, with great anguish marked in her features; she had three doses of Ars. and three stools which were getting scanty and less frequent. After the last dose of Ars. she vomited several times an acid fluid. Besides, she complains of burning pain in the vertex and stomach. Ordered Aco. tinct. one dose.

In the evening her condition was somewhat improved, her stools looked better; we therefore stopped all medicine for the night, Dr. Sircar being confident that the symptoms would pass off without any further medication.

20th. Morning: Dr. Sircar and myself saw her again and found her almost right, excepting that she had some nausea which still persisted, for which we ordered Ipec. 6.

21st. I saw her alone this morning; she was nearly well; menses appeared to-day at the usual time; no medicine.

22d. Has been doing well since last report, only she complains of heart-burn and acid eructations; bowels not moved since yesterday.

From this date the patient gradually recovered without further treatment.

REMARKS.

This case affords a good illustration of how simple cases of indigestion may be converted into grave cases of cholera by the injudicious and meddlesome administration of medicines which have no applicability to them. Had it not been for the Verat. and Cuprum which was

thoughtlessly administered by the lay practitioner, the case would, in all probability, have required no further medicine than the Arsenicum which had nearly brought the patient round. The case shows also the value of Acon. tinct. when considerable irritation is set up in the intestines by ill-chosen drugs. It shows further the necessity of patience on the part of the practitioner. Had Acon. been frequently repeated it would have rendered the case hopelessly worse, as we have often seen it doing.—*Calcutta Jour. of Med.*

DIARRHŒA AND ULCERS ON THE TONGUE.

BY

H. N. ROY, M.D.

Seuburn, an up-countryman, tall, pallid, and puffy-looking, aged 25 years, ailing with diarrhœa and ulcers on the tongue, applied to me for treatment on the 23d Nov. last.

Family history good; suspects to have been treated with mercury about four years ago.

Present Symptoms: Tongue swollen and tender, and the anterior surface covered with ulcers and lined with pus, breath foetid, articulation indistinct, cannot protrude his tongue, diarrhœa with great pain during and after stool as though the anus were fissured, constant urging to stool, discharges of a serous nature with great straining, feels constantly chilly, temperature at par, pulse little excited, weak, quite morose, disinclined to work, no appetite, countenance anxious.

Treatment. Acid nitric 30, one drop in water twice daily. Diet arrow-root.

24th. Six stools, ulcers better, discharge less; continue medicine and diet.

25th. Two semi-fluid stools of yellow color, ulcers better; continue medicine and diet.

26th. Two good stools, ulcers healing up, no discharge; no medicine, continue diet.

27th. One good stool, ulcers nearly healed up; no medicine.

28th. One stool, tongue better, diet milk and sago.

29th. One stool, ulcers healed up, tongue normal.—*Ibid.*

NOTES BY THE WAY.

BY

DR. USSHER,

Wandsworth, Eng.

FOREIGN BODIES IN THE EYE.

Some people are completely intolerant of eye-handling, as others are of throat-inspection. Just now an illustration of the first, the result of the usual speck of metal, some days in the eye, and surrounded with rust. I generally use vaccine lancet of Arnold for the removal of foreign bodies in the cornea, and find it convenient; it might also be employed for hypodermic insertion of medicines when a syringe was not at hand. In this case I could not accomplish my object, and forebore; the result showed wisely. *Euph.* 6 was prescribed, and directions given to use constant rubbing on the outer lid. In a day or two the metal had come off. It is well to bear in mind that fellow-workmen often try their powers with a pen-knife or quill to lift off the offender, so that the irritability may be severe when the patient comes under your hands. Should two or three attempts fail, I would suggest *Euph.* 6, and patience. I value *Euph.* very highly, and prefer its action in this potency to lower. With

some eyes the tinct. in lotion irritates. I examined the eye of this patient with a glass, and there was nothing to distress him, but a spreading inflammation of conjunctiv and cornea, with much pain, distressed me. I began to fear that he was one of the crooked sort who will go the wrong way. The fear of a foreign body still remains with the young man, although he is confident of improvement; danger is happily at an end, thanks to *Bell.* 3x in pilules; his work has undergone no interruption.

COUGH.

A little girl was annoyed with a violent cough, *worse on waking after a short sleep.* I had made some tinct. *Aral. rac.* 1, and put this symptom on the label; a very good plan when there is a decisive keynote. There was a great deal of phlegm and emaciation. It has brought ease, health, and fat back again, to the great joy of the mother.

No wonder some of the allopaths think our doses small. I have a lady patient, who lately crossed from New York, and who complained of back-ache (kidneys, of course); the doctor of one of those grand ships gave her a four ounce bottle of *sweet* spirit of nitre (it certainly never got that name from the taste, perhaps the smell), and the mark on the label is a fourth part for a dose; this might suit the sable monarch of many wives who is now partaking of our hospitality—but it did not suit this lady, who found a teaspoonful more than she liked; for her good luck it was at the close of a short voyage, or this man of strong expedients might have transferred her, not to her "ain countrie," but further.

Lately I have tried to make way with a troublesome chronic ophthalmia, a lippitudo more obstinate than bad, the lachrymal function very in-

efficient. I believe it was our worthy brother Engall, who applied the glycerine drainage to this region; and having a suspicion that the diseased duct is keeping up the chronic inflammation I attack it at both ends, putting glycerine with a brush up the nose, and stimulating drops into the eye once or twice weekly. The drops I have used for years, a bit of Wilde's practice—not homœopathic of course; they are painful for the moment, but but I prefer them to *Nitrate of Silver*; they keep for years good. I make them of cherry laurel water and wine of opium, equal parts, the latter made without spices. I put it in English, lest the T. C. D. Latin might offend a certain editor, who must have been a very "acid baby," and I fear it is too late to mend him. From the glycerine below and the drops above, as well as sulphur within, which by itself was not all potent, I am getting a better state of things.

THROAT DEAFNESS

in a nervous little girl, her tonsils *enormous*, would provoke the guillotine proclivities of the clippists. To me it was an opportunity longed for to interrogate the high pretensions of *Baryta Carb.*, which our brother Ransford is so partial to in the 12th, and from which I have derived benefit in the 6x of Keene and Ashwell many a time. A lady patient of mine told that the 200 always "took down" her child's tonsils. I gave some pilules of it twice daily; the tonsils were in close embrace, alongside each other, as sailors would say, and I was a bit sceptical about this 200 (Keene and Ashwell's); the tonsils got smaller, "parted company," and under a dose three times daily (I was going to say *ter die*, but for fear of the cynic) *the deafness is getting better*; so you see a patient's hint is worth acting on sometimes. The next time I get another case like it I will use the 12th

with honest perseverance to make a case, *Ussher v. Ransford*. There is a little fact in the last *Quarterly*, under "Foreign Notions," that made my heart glad—a well-known gynecologist cures ulceration of the womb with *Nitric Acid* 12, without severe local measures; so that, after all, this common allopathic usage is homœopathic. But it would be unscientific not to do something for your fee; hence the production of the *armamentarium*—how I do forget myself with those T. C. D. abominations!—it would be vulgar to call them "traps;" the name, however, would be of true significance.

PSEUDO-APOPLEXY.

Dr. Shuldham gave us a case not long back of the value of *Nux Vomica* in paralysis—*Nux Vomica* the powerful and potent, but not the poison! Late in the evening I saw an old lady, who, to say the least of it, looked uncommonly queer; she was face-making all day, her answers were short, she was feverish, and during the day her eyes were squinting outwards; for some long period her left arm—her bad arm, as she termed it—was powerless, and I ascertained she had had fits recently. I feared an attack was in store for her, and prescribed *Aconite* 3x; at midnight I found her insensible, convulsed, with a very red neck and hot head. *Belladonna* 3x, two doses at three hours' interval. Again called to her at 6 a.m., found her worse; hands cold; persistent squint; stertor, feeble heart's action; pulse overfull; she had had four fits since midnight, and I did but hope for her safety. She swallowed fluid with difficulty, so I gave her *Nux* 3x on sugar-of-milk, a small powder every two hours. The next morning at 11 o'clock she was rational, her speech returned, and she wondered how she could have been so ill. She would have got up to her usual din-

ner, but I thought beef-tea and quiet best for her, and a continuance of the *Nux Vomica* 3x pilules. There had been moderate action of the bowels and relief of the bladder. We were all surprised, and I silently benedicted Shuldham, and thanked God that I was permitted to draw back a life so nearly gone. The daughter, who had been under allopathic care without relief, put herself under homœopathic treatment, and I for one am not ashamed of the name, an old and honored one.

THE STUDY OF DISEASES OF CHILDREN.

BY

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I have selected as the theme of my lecture this subject, because I have long been impressed with its importance, and feel that it cannot be too frequently or too forcibly placed before the profession.

Children, the fountain, the origin of society, those who are to build up the body politic, must be healthy, or we cannot hope to have them grow up to a healthy adult age. It is appalling to every American who studies the subject to find that the native born is rapidly being outnumbered by the alien. One great cause for this state of affairs is too well known to require mention here. But another cause, perhaps equally potent, is the neglect of the proper study of childhood and its diseases, and hence the great mortality in this class. I say the great mortality, for though we must admit that great strides have been made within the last few decades in the way of lessening this mortality, yet it remains painfully great. Observe the list of deaths in any of our great centres of population, and we are at once struck by the immense number

of children. Now, when we reflect upon the former belief, held almost universally, that it was virtually useless to hope to lessen this proportion, do we not have room to hope for a continuance of the improvement? Perhaps much of this mortality is due to neglect of proper sanitation on the part of the parents; and while much has been done to instruct them in this particular, there remains much that may be done, not only in the way of instruction, but even by compulsory measures, that these little ones may be saved from the terrible holocaust. This work is eminently that of the physician—the care-taker—whose duty it becomes to prevent disease rather than to cure it. We should constantly instruct parents as to the value to their little ones of pure air, sunlight, cleanliness, proper food, and exercise.

Perhaps, however, we may look a little closer home, and learn why these matters are so frequently neglected. For some reason the study of children and their ailments has generally been but little cultivated by the profession. We find this in our own medical schools. Until very recently, while the chair of obstetrics included the study of women and children, the latter object was so completely ignored that there was scarcely an allusion made to it. The chair of practice indeed treated of a few of the diseases incident to childhood, but their study as a special branch was never regarded; and though in a number of school chairs have been made solely devoted to the subject, yet the attendance of the student upon these lectures is by no means obligatory, and he is left to his own choice in the matter. Fortunately, many young men are impressed with the importance of the subject, and the class usually give full attention to this part of the course.

Engaged as I have been for so many years in this specialty, I have become forcibly impressed with some causes for the neglect of this study.

By many it is believed that it is extremely difficult if not impossible in many instances to ascertain the pathological condition of a child. Particularly is this maintained in the case of very young children who are unable to make known their feelings. Now, we insist on the contrary, that by a careful investigation we may learn with greater readiness the true state of health, not by inquiry of the little patient, but by a rigid comparison of its objective symptoms with those that should obtain in a healthy child of the same age. We are less likely to be misled than in the case of adults, who, involuntarily it may be, exaggerate their feelings, or rely to our questions in such a way as to prove the folly of making our inquiries so that an affirmative answer seems to be expected. In fact, we frequently find this carried to such an extent as to make the whole examination a farce. Often a person will, by these replies, have a diarrhœa and constipation, be sleepless and too drowsy, have pains everywhere, and yet by her actions will prove herself able to move about without the slightest inconvenience. A literal report of the question and replies at some of our clinics would be regarded as a caricature, and it generally requires a most thorough sifting to get at the exact truth, and this, too, when there exists no reason for any deception.

On the contrary, the baby, when properly interrogated, replies in such a way that deception is possible.

Perhaps one great cause of the difficulty in the diagnosis of children, especially the very young, is the utter want of knowledge as to what constitutes a healthy child. In my contact with students, and even with older

members of the profession, I have often been surprised at the ignorance shown as to many of the conditions of child-life.

Thus it becomes necessary for us to know what would be the normal state of a new-born child—as to its average weight, size, general appearance, skin, temperature, pulse, respiration.

In this connection, fancy the error of a father who was panic-stricken to find that his month-old baby had aggravated palpitation of the heart, and his relief on being informed by the physician whom he had summoned that the normal pulse of a child as that age varied greatly from that of his own pulse.

The physician should not pronounce an infant to be suffering from diarrhœa because in its first months it has frequent evacuations. He should know that it does not secrete saliva, and that tears do not flow until at least the third month; that every act of regurgitation from the overloaded stomach is not vomiting, so to speak, but is merely a wise provision of nature to prevent serious trouble in the alimentary tract, or by reflex irritation elsewhere.

He should be informed as to the normal frequency of its taking the breast, and the quantity taken at each time, that he may instruct the mother or nurse in those unfortunate cases where artificial feeding becomes imperative.

It short, let him learn all that can be learned about a healthy infant from the moment of birth, and trace its progress day by day, month by month, year by year, until it ceases to belong to the class of children, and takes position as a mature individual.

With a thorough knowledge of all these points, he is now prepared to draw the line between health and disease, and to decide with more prospect of success as to the indications

demanding medication or its omission.

Nor is this all, he must learn that, particularly in children, symptoms which often appear very grave are evanescent, and, therefore, must be guarded both as to his prognosis and as to the quantity of a remedy which he may order. You can understand this latter allusion when you encounter a case in which a physician, no longer a neophyte, has written a prescription for a four-ounce mixture, and gravely informed the parents that the child was in a very critical condition, and who returns next day to find the patient playing on the floor, and the bottle scarcely touched as to its contents.

The reverse obtains in the following instance. Two children, a boy and girl, were attacked with diphtheria. After some days a consultant was called, solely because the boy failed to build up. The latter could scarcely convince either the physician or the parents that the child was dying; and it did die, spite of stimulation and every effort that could be made, within a few hours.

Nor is this all; the girl, a year or two younger, some two or three days later, was placed at the table to eat its breakfast, with the idea that this would tempt her to eat more heartily. In attempting to swallow it choked, and the physician, coming in shortly, was informed that "some of the food had gone the wrong way," and he failed to recognize the paralysis of the organs of deglutition until he was shown this condition by another. Here, again, death soon closed the scene.

Each case, each child, should be studied by itself. Its antecedents should be learned, every point in its history noted—its peculiarities, its surroundings, its relations.

No haste should be exhibited in

arriving at a diagnosis, nor should we refuse to listen to all the information vouchsafed by the mother or nurse. Frequently the clue is thus obtained and the knot untangled. Thus the annoyance might be spared which on one occasion occurred, where the doctor pronounced it a mild case of "rubella," while the old nurse said she had never heard it called anything but "gum," and the result proved that she was correct.

Inspect the child thoroughly, both awake and asleep if possible, and particularly where the symptoms are obscure should it be examined undressed. The importance of this last will be seen by allusion to a case. A mother brought to me a child aged about six or seven months. It appeared rosy, lively, healthy—natural in every way except that it would occasionally cry out as if in great pain. She informed me that two or three doctors had given her things to relieve it, but without effect. Failing to find anything to account for this sudden outcry, I requested her to remove its clothing. This was done with great gentleness, but I observed that the child screamed as it was moved. Almost as soon as its legs were exposed I recognized the trouble. There was a partial fracture of the thigh about the centre, and when the proper dressing was applied so as to prevent the motion of the broken bone the outcries ceased, and the baby was soon as well as ever. No doubt this was due to muscular contraction, as no history of any injury could be obtained.

Undressing the child not only exposes every part to view, but also gives an opportunity of seeing whether any part of the dress is too tight or not properly adjusted. Hence it behooves the physician to watch the process, though he may do this in a way not to attract the attention of the nurse.

He may thus detect errors which she may prefer to conceal.

Learn as to its diet. If hand-fed, inquire as to the amount given, the way it is administered, the proportion of water or other diluent. The latter is a most important item, as we constantly find our little patients starving slowly when they are supposed to be taking an abundance. A diet composed of one part milk and two parts water will not support a child. Under such a regimen it is always hungry, while the mother fondly, though ignorantly, believes that she is giving it a full supply.

In this connection we may allude to the need of an examination of the mother's milk when the child is failing in health. Inquire as to her health, whether she is pregnant or menstruating, for it is well known that both of these conditions tend to reduce the nutritive or healthful quality of the milk: and though she may appear to have the usual amount for her infant, it is so deteriorated that it fails to properly nourish the child and frequently acts as an irritant to the stomach and bowels. Again, the habits of the mother are often of importance in giving aid in the diagnosis and treatment. Her occupation, her surroundings, should be understood.

A case will illustrate this point. A child at the breast was suddenly attacked with apparent coma. By the time the physician arrived this was passing off, and no symptoms were present which could account for the attack. The mystery was readily explained when it was learned that the mother had been washing all the morning, and was so anxious to conclude her task that she did not stop either to give herself or her child any nourishment. The moment she had finished, she sat down, heated, exhausted, and placed the child to

the breast with the result as mentioned.

Anger, fright, any excitement, is always likely, and rarely fails to produce evil effects upon the milk of a nursing woman, and she should be strictly charged as to suckling the child immediately after such occurrence. Perhaps many of us can recall instances where children have been seized with convulsions, etc., under such circumstances, and I doubt not that many of the ephemeral attacks to which children are subject are the result of such a cause. Fortunately, nature in the case of children has great recuperative powers, and if left alone will often restore the child to its normal condition.

This point is one upon which I cannot lay too much emphasis—the power of nature to restore health. Perhaps this alone is the true secret why many, otherwise ignorant, and particularly a certain sect of practitioners, are so successful in the treatment of disease. They say let the case alone, or leave nature to do the work. Medicine is given which is really nothing. Rest and the most rigid diet are enjoyed, and thus nature is not interfered with, and proceeds in her own way to restore the health. We should be content in every instance to act with our medicine solely to meet a positive indication. We are only the assistants of nature; we have not the “healing power in our hand,” and it becomes our duty to act by removing causes where they can be reached, to relieve pain, and particularly to see that those who are ministering to the sick do not by their officious kindness do too much, and thus interfere with the natural return to health. Perhaps one most important point for the young physician to learn at the very outset is that drugs are not all powerful. That time, rest, diet, and numberless little

things are truly the means by which we aid in the fight against disease.

Time is important, and we may illustrate this by the cases which we encounter, which, by care and appropriate regimen, would in a reasonable time disappear. But in our haste to cure we exhibit astringents, stimulents, narcotics, and a host of articles, often making the case much more serious than it was in the beginning, and nearly always retarding the progress to health.

One of the earliest duties in caring for a case of sickness in a child is to observe the indications which are present, and act accordingly. Thus, in a diarrhœa, he should know for himself the exact appearance of the stools, their color, consistence, quantity; the presence of blood, mucus, foreign matters, membranous shreds; their frequency; the presence of pain, before, during, or after the evacuation; whether there is also vomiting, abdominal tenderness, acidity of the evacuations, unusual fetor; each of these points will give him an indication to meet in the effort to correct the abnormal condition, and generally the next twenty-four hours will show an improvement.

In very many cases it is an excellent plan not to continue the medicine too long. Place the child on the road to health, and see if with a little supervision it cannot continue to improve. But do not too soon, while discontinuing the drugs, abandon the case as to diet, rest, etc. Some people imagine that the moment they cease to use medicine they are well, and can at once return to their former habits. Hence the frequent relapses in disease, and the necessity for enjoining most earnestly that no departure be made from the strict plan laid out until the physician allows it.

Here we may allude to the great value of change of scene. Not only

is this important in cases where the child is located in a blind alley, cut off from the sunlight and fresh air, surrounded by filth and decay, but it has been found of almost equal service in cases where it might be supposed that there was all that wealth could procure. There are so many subtle influences working quietly, yet effectually, to undermine the health, that we cannot always understand the origin of disease or the causes of its continuance. Hence the value of change if only to another locality. The improvement in many instances is immediate. This may be due greatly to the better air, cooler temperature, etc., and surely we must see the same effect upon children that we do in adults. Frequently the system is roused as it were from an apathetic state, and stimulated to renewed efforts at recuperation. In several cases, after a child has been for several days lying without any apparent improvement, convalescence has followed a change from one room to another. I shall not attempt to explain this, but the fact is there, and is worthy of attention when the circumstances are such as to permit of it.

This, too, holds good in the beginning of illness. The old lesson so frequently given us to oppose the beginnings is equally true in regard to the health. The apparently trifling symptoms of to-day may develop into the full-fledged attack on the morrow.

(Concluded in the December issue.)

THE EMBRYOLOGY OF THE EYE.

In the third article of his series on the development of the eye, published in the *New York Medical Journal and Obstetrical Review*, for September, 1882, Dr. William C. Ayres, of New York, considers the choroid, the ciliary body and the iris, the retina and

the optic nerve, and the optic chiasm. Whereas J. Arnold has not been able to detect blood-vessels in the locality of the future choroid in embryos of 9 mm., the author has observed the whole primary ocular vesicle surrounded by a system of vessels, running at least one-fourth through the corneal tissue, or between the lens and the primary epithelium of the cornea, the ectoderm. The formation and origin of this system of blood-vessels he thinks very important, since they certainly represent the earlier stages of the choroid, and demonstrate most positively that neither the choroidal tissue nor its pigment can have any relation to the ocular vesicle. Also, since the choroidal tissue is formed from the mesodermal elements immediately around these vessels, and from them alone, the pigment epithelium of the retina can have no relation to the uveal tract except one of apposition. The development of the choroid is summed up by saying that it takes its origin from the original mesodermal tissue which surrounds the primary ocular vesicle, and is, consequently, a formation *in loco*. At first its cells are not arranged according to any order, but subsequently a distinction occurs which is completely analogous to what takes place in the cornea in the formation of its basilar membranes. The choroid and sclera are continuous in early embryonic life, but they are afterward separated, just as the anterior chamber was formed—viz., by the production of holes and meshes. In the case of the anterior chamber the process becomes complete, and a free space exists, whereas in that of the choroid it does not become so, and the peculiar loose connection which we find between the choroid and sclera results. The pigment of the choroid is of late origin, and is formed in the same way as that of the iris and ciliary body. As regards the ciliary body

and the iris, in embryos of 17 mm. in length, we notice that the end of the secondary ocular vesicle is rounded off, and it is so placed that the line of separation between the two layers runs almost parallel to the optical axis. A little later than this the end becomes pointed, and the external layer lengthens out so as to present its outer surface directly to the front, whereas, before, this position was held by the tissue which joined the two layers together anteriorly. He lays much stress on this condition, or rather this peculiar step, in the development, since it is, in his opinion, the key-note to the formation of the iris. And it has been overlooked by most authors on the development of this membrane. At 33—36 mm. the pigment layer has developed so much more than the inner one that, the latter not being able to separate from the former, a loop has been produced, so that the end of the vesicle is now made up of two layers of cells, both of which have come from the outer or pigment layer of the ocular vesicle. The mistake is often made, he remarks, of supposing that the posterior chamber runs up to the pupillary margin of the iris as a free space, but this is not true, and the reason for it we see in the manner in which the iris is formed. In the case of the retina, soon after the primary ocular vesicle has been completely formed we find it projecting far out into the mesoderm, and approaching the ectoderm, at each successive stage of increase in its volume of tissue, until it has nearly reached the external layer of the head of the fœtus. This layer it never reaches, however, and there can always be seen a thin strip of tissue between it and the ectoderm. Kessler and some others insist that an actual contact occurs, but this the author has never been able to see in any one of the many specimens he has examined in regard to this special

point. On the contrary, there is always the tissue just referred to between them, and this tissue, though very transparent, and capable of being stained but very slightly by any of the various coloring materials known to microscopic technology, can always be seen, on close examination, to contain cells and intercellular substance. There are many peculiarities to be noticed in the formation of the pigment, both of the retina and of the uveal tract. Some authors contend that they come from the same source, and Dr. Ayres thinks that perhaps they do, but not in the sense those authors seem to set forth. The retinal pigment is to be found at an early stage, even before the two layers of the secondary ocular vesicle have come in contact with one another. It always occurs in the shape of dark-brown points, so to speak, and always on the inner part of the outer wall of the secondary vesicle, where it remains situated in a closed cavity produced by the two walls of this vesicle. These walls never become broken at any point so as to admit of this pigment "*wandering*" from its original place of formation, and, consequently, it can never be concerned in the production of any portion of the eye where the retina does not play a part. The development of the fovea centralis is considered to be still a matter of great uncertainty.

ABSTRACTS.

THE PATHOLOGY OF LUPUS.—Dr. E. S. Shurley, of Detroit, read a paper before the last meeting of the American Laryngological Association entitled "*Lupoid Ulceration of the Nasal Septum*," in which the pathology and treatment of lupus were considered with especial reference to its appearance in this locality. The paper was based upon the study of

four cases of ulceration, more or less destructive, of the nasal septum, one of which was accompanied with veritable lupus of the skin, while the others were not. The clinical history carefully obtained, showed in neither case a syphilitic taint. The conclusions summed up by the writer were, that lupus, when its pathogeny and pathology become more thoroughly studied, will probably be considered a scrofulous manifestation; that lupoid ulceration often simulates syphilitic ulceration so closely as to be with great difficulty differentiated; that lupus will sometimes occur in the nasal mucous membrane primarily, and without any invasion of the skin; that the general healthy condition of the patient is not necessarily affected by such ulceration even when quite extensive; that such ulceration does not depend upon any form of syphilitic poison for its progress, and that its cure or arrest may generally be brought about by those plans of treatment, both local and constitutional, known as antiscrofulitic. In the management, special attention was called to the use of iodoform and thymol, together with cleansing solutions for topical treatment, and the administration of iodine or its preparations internally.



DISPLACEMENT OF THE UTERUS.—

In a recent number of the *Archiv. für Gynäkologie* we find a very interesting summary of a contribution on this matter of displacement, by Dr. Vedeler of Christiana. The author brings forth evidence on a large scale, which must contribute materially to the formation of an accurate estimate of the part taken by such conditions in the production of symptoms. Dr. Vedeler has examined not only women who complained of pelvic troubles,

but women who appeared, and stated themselves to be, perfectly healthy, and in whom no disease could be found. All women who complained of pelvic trouble, or in whom erosion, perimetritis, or tenderness around the uterus were discovered, were classed among the sick. The total number examined was 3,012; of these eighteen suffered from prolapsus and will not be further referred to. Of the remainder, in fifteen per cent. the uterus was in the so-called normal position, in twelve per cent. it was anteverted, in ten per cent. retroverted, in fifty-four per cent. anteflexed, and in eight per cent. retroflexed. So that of 3,012 women of the menstrual age, and of all conditions, single, married, etc., anteflexion was present in more than half the number. Again, 466 of the number were virgins, 749 multiparous, 322 were from two to three months pregnant, and 1465 mothers.

Of the 466 virgins, fifty-two were suffering, and 414 enjoyed good health. The percentage of those in whom the uterus was found in the various positions which it may assume was made the same in the healthy as in the suffering; and it is curious and important to note that the so-called normal position was met with in only seven per cent. of the healthy, while it was found in six per cent. of the complaining; anteflexion, however, was found in seventy-one per cent. of the healthy, and in seventy per cent. of the ailing.

In healthy multiparous women, the normal position was found in nine per cent. only, and anteflexion in fifty-six per cent. only. Here the normal position obtained considerably more frequently, and anteflexion considerably less frequently, in the diseased than in the healthy state. Anteflexion of the uterus was found in sixty-eight per cent. of all single and multiparous women—the total number examined

being 1,215. This is a higher estimate than that of some other authors; the mean estimate of seven observed (431 cases observed) being forty-three, while Herman's estimate is forty-eight per cent. (111 cases examined). The number examined by Vedeler, however, is so large that his results are probably less liable to accidental error.

In those who were mothers the percentage of the various positions were somewhat altered, the normal position being met with in twenty-two per cent. and ante flexion in thirty-seven per cent. of the healthy, while in the ailing the normal position was found in twenty-three per cent., and ante flexion in thirty-eight per cent. In early pregnancy ante flexion was met with in eighty per cent. of the cases.

The data supplied by Vedeler are the largest hitherto collected, and they embrace all conditions of the adult woman. They have a most important bearing upon a question which has for a long time excited the attention of general physicians as well as gynecologists, and cannot fail of having considerable weight in future discussions of flexions of the uterus and their place in uterine pathology. Besides the magnitude of the figures, there are other features appertaining to their data which should be kept in view.

The women examined were not all subject to uterine troubles but a very large number of virgin and multiparous subjects examined were in the enjoyment of good health, and made no complaint of symptoms attributable to the pelvic organs. The total number of single and multiparous women was 1,215, and 920 of them had no uterine suffering. This fact gives to the work of Dr. Vedeler the highest value; it helps us to discover the most usual position assumed by

the uterus in a healthy state of the pelvis, and, together with the other data, contained in the paper, it places the subject on a firm and scientific basis. In about seventy-five per cent. of healthy women who have not had children, the uterus is in a state of anteversion or ante flexion, while a similar position of the organ is found in seventy per cent. of such women who complain of uterine suffering; and the so-called normal position is found in eight per cent. only of such women in health, but is found in thirteen per cent. when they suffer from uterine disease. Again the highest proportion of cases of the so-called normal positions is found in those who have had children, as well as the lowest proportion of ante flexion. Both conditions are, however, met with almost exactly the same frequency in disease as in health. It is further found in virgins, multiparæ, and mothers, that although child-bearing has as influence on the position of the uterus, yet the frequency with which any given position of the uterus occurs in health is so nearly the same as the frequency with which it is met with in disease, that it is not possible to charge so-called displacements with being the cause of any symptoms.

ALBUMINURIA AND ECLAMPSIA DURING PREGNANCY.—In a communication upon the above subject, published in the *Zeitschrift für Gynäkologie*, Dr. Ingersley, brings forward some new statistical facts which are of importance. He is opposed to those who hold that the occurrence of albuminuria in pregnancy is explained by pressure on the renal veins. He shows, by comparing from different authors, the great divergence or statements as to the frequency of albuminuria during pregnancy, the wide difference

being no doubt partly accidental, but also dependent upon the period of pregnancy at which the examination was made (some authors having included cases in which the urine was not examined till labor begun), and upon the care which was taken to ascertain the source of the albumen. Dr. Ingersley gives six hundred cases in which the urine was carefully drawn off with a catheter, so as to avoid any mixture of other secretions. In twenty-nine of these, or 4.8 per cent. albumen was present. In seven, microscopical examination revealed casts. Of these six hundred, three hundred and forty-eight were pregnant for the first time. As to the period of pregnancy, five were in the fourth month, albumen being present; thirty-six in the seven month, none of them showing albuminuria; one hundred and seventy in the eight month, albumen being present in nine; two hundred and eighty-one in the nine month, with albuminuria in thirteen; and ninety-five in the tenth month, albumen being present in five. Of the six hundred pregnant women, more or less, œdema of the lower extremities was present in ninety-six. Of the twenty-nine with albuminuria, œdema was present in seven. In five there was hydramnios, and five were twin pregnancies, but in none of these was there albumen. In one there was chronic heart disease (mitral regurgitation) with albumen in the urine.

The next point upon which Dr. Ingersley contributes some facts is as to the persistence of albuminuria after delivery. Out of the thirty-six cases in which albuminuria was present during pregnancy, eight died, fourteen recovered, and fourteen were lost sight of while albumen was still present. Of the fourteen who recovered, in seven the albuminuria lasted five days; in four, fourteen days; in two, thirty days; in one,

sixty days after delivery. Of those in whom albuminuria continued so long as they were under observation, in three it was ascertained to persist twenty days; in five, one month and a half to two months; in two, three months; in one, five months; in two, six months; in one, seven months after labor. It follows, therefore, that in cases of albuminuria with pregnancy, the prognosis as to ultimate recovery should be guarded.

With regard to the effect of the process of labor in producing albuminuria, Dr. Ingersley gives one hundred and fifty-three cases in which the urine was examined during labor. In fifty of them albumen was present, or about thirty-two per cent. Of these fifty, forty-six were also examined during pregnancy, but in only fifteen of them was albumen then present. In forty-one out of the fifty the subsequent course was ascertained. In eight the albumen had disappeared the next day; in twenty-five on the second day; in one on the fourth; in one on the seventh; in one on the ninth; and in one on the thirteenth day. In four cases chronic cystitis followed. In brief, in 80.5 per cent. the urine became normal in forty-eight hours.

As to the connection between eclampsia and albuminuria, out of one hundred cases of eclampsia in the Copenhagen Lying-in Hospital, the urine was examined in seventy-seven, and in twenty-one albumen was present, in six being absent. Out of seventy-one, in twenty general anasarca was present; œdema only in the lower extremities in thirty-six; and in fifteen no œdema. In thirteen cases albuminuria was known to have preceded the eclampsia; in the remainder it was not detected till simultaneously with, or after, the convulsions. As to the course of the albuminuria, in twenty-six it disappeared

within five days, or 40 per cent.; in thirty-nine, or 60.9 per cent., within fourteen days. The view as to the pathology of puerperal albuminuria and eclampsia that Dr. Ingersley adopts is that it is the manifestation of an especially acute nephritis, and that the albuminuria, eclampsia, and nephritis, are co-ordinate phenomena, results of a vasomotor reflex neurosis. This is a view which it is difficult to controvert, for there is scarcely an acute disease which is not accompanied by some alteration in the action of the vasomotor system, and therefore might not be called a vasomotor neurosis.

SPASMODIC DYSPHAGIA FROM ŒSOPHAGISMUS, WITH CONVULSIONS.—A female widow, æt. 26, of a thin spare make, very nervous and subject to asthmatic bronchitis from the very commencement of her illness.

Previous History:—The first attack occurred in 1878. At first she complained of a dull pain in the chest, most felt while taking deep breath or coughing. Latterly it became so severe as to make her insensible at times. The pain was felt just behind the sternum at its middle. Having suffered a week or ten days in this state, she began to get fits, preceded by cough and subsequent vomiting. Latterly she became so sensitive that the least attempt to swallow would bring on convulsions. This prevented her from taking any nourishment, either fluid or solid, which reduced her so much in another week that she was brought down here in the state of a living skeleton, and was placed under homœopathic treatment by which she was cured.

The 2nd attack occurred in the

latter end of April, 1881, after a severe exposure to night air and cold draughts. This brought on inflammation of the submaxillary and parotid glands, which gradually subsided after hot fomentations with *Datura* leaves, and was at last replaced by her old complaint, viz., painful deglutition and convulsions.

She was brought down here on the 5th day of her present illness, *i. e.*, on the 2nd of May, 1881, and placed under my treatment. I gave her *Rhus*, *Bell.*, *Nux* and *Merc. s.* one after the other in succession, without the least benefit, or impression; then the patient's brother placed her under allopathic treatment. Subcutaneous injection of chloral hydrate and the bromides were had recourse to, but they proved equally unsuccessful. Dr. Sircar was called in; he suggested *Sulphur* first, as it is the only medicine which has the peculiar symptoms of the patient pointedly noted in its pathogenesis, namely, "in the middle of the œsophagus sensation of spasmodic contraction; the food meets with an obstacle when swallowed." (Allen makes it middle of the pharynx, which is evidently a mistake). Dr. Sircar had cured several cases having this symptom with *Sulph.* He, however, left instructions to try *Cuprum*, should *Sulph.* fail. I accordingly gave *Sulph.* 12 first. It did no good. I therefore gave *Cuprum* 6. and to my utter delight I found in my next visit that the patient had no fit since she took the globules, and that she had taken a small quantity of milk though with some difficulty at first.

This medicine was begun on the 6th of May, and she continued to take it up to the 12th when she complained of rheumatic pains in the joints, for which I prescribed *Rhus tox.* 6. I now changed *Cup. m.* to *Cup. acet.* as an intercurrent remedy

14th May. Very dyspeptic with acid eructations after meal, and obstinate constipation. Menses have appeared, the discharge was scanty, wheezing and mucous râles in the chest. Besides, she still complains of some tenderness over the 3rd rib towards the sternal end with pain during swallowing. *Alum* 6 and *Nux* 6 in alternation.

She gradually improved from this date, and was sent home with medicine in a few days.

REMARKS.

Sulphur, which had succeeded in other similar cases, failed in this, probably from the fact that in the other cases the dysphagia was not attended with convulsions and fits as in this case. *Cuprum metallicum* has not the particular symptom of œsophageal dysphagia noted in its pathogenesis, but it stands pre-eminent as a general producer of spasms and convulsions, and was very effective in removing the whole set of spasmodic symptoms. Latterly we used the acetic salt of the metal, from the fact that it had spasmodic dysphagia as one of its symptoms, and it was equally efficacious with the metal. —*Calcutta Jour. of Med.*

RETENTION OF CUP-PESSARY.—B. Buckle, M. D., reports the following case in the *Medical News*.

The pessary was worn to replace a prolapsed uterus, caused by strain in heavy lifting. The wearing of the pessary occasioning the patient no inconvenience, she continued to wear it for three months before applying for re-examination.

On investigation the cup was found to have worked its way up into the uterus, the cervix having contracted around the stem. An operation was

undertaken, the cervix being divided unilaterally, and the pessary removed. The patient fully recovered, but the split in the cervix refused to unite.

The points of interest are, the retention of the pessary for so long a time without inconvenience. The importance of frequent examinations of a patient wearing a pessary. The failure of the edges of the wound to close is contrary to the experience of gynæcologists; for in division of the cervix to relieve stenosis, it can only be kept open with the greatest difficulty.

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CYST OF THE BROAD LIGAMENT COMPLICATING LABOR.—Dr. N. W. Webber reports a case having the following history:

During accouchement, progress was interrupted by what was supposed to be a fecal mass, but which, on more careful examination, proved to be a tumor. This being rapidly forced down between the head and the sacrum, finally took position before the foetal head. The attending physician then applied instruments, but could not deliver. While counsel was sent for, the funis came down, and could not be replaced; a calamity which resulted in the death of the child. Counsel having arrived, the forceps were again applied, and again without avail. At this time the tumor was about the size of a man's hand, and about twice as thick. Delivery was finally accomplished by recourse to craniotomy. The patient, after long and dangerous suffering from cystitis and inflammation of the soft parts, finally recovered, and was then informed by two other physicians that she had an ovarian tumor.

One year after her confinement, she came under the care of Dr. Webber, who on examination, found a

medium sized tumor pressing well down into the posterior cul-de-sac, and that moreover, she was four months advanced in pregnancy. From a careful bimanual examination he was led to doubt the correctness of the previous diagnosis. He therefore put the patient under ether, and with a large sized aspirator needle, punctured the tumor, giving exit to six ounces of the clear limpid fluid peculiar to cysts of the broad ligament; besides this, several ounces were afterward lost by drainage. No outward symptoms followed, save a slight irritability of the uterus, which was quieted with opiates. At the proper time, she was taken in labor, and was delivered of a large and healthy boy.

Nothing like a tumor could be discovered after careful examination. The cyst was undoubtedly the cause of all her trouble, and had it been punctured at first, craniotomy would have been unnecessary, and the cystitis and other trouble would not have occurred.—*Detroit Clinic*.

BOOK REVIEWS.

PRACTICE OF MIDWIFERY. A HANDBOOK FOR PHYSICIANS AND STUDENTS. By D. LLOYD ROBERTS, M.D., Physician to St. Mary's Hospitals, London. Philadelphia. P. Blakiston, Son & Co. Paper 75cts.

PRACTICAL LESSONS IN GYNÆCOLOGY. A HANDBOOK FOR PHYSICIANS. By HEYWOOD SMITH, M.A., M.D. Physician to the Hospital for Women and to the British Lying-in-Hospital. Philadelphia. P. Blakiston, Son & Co. Cloth, \$1.25.

Those two volumes belong to the series of Handbooks for Physicians now being issued by P. Blakiston, Son & Co., with the pur-

pose of furnishing physicians and students with reliable works upon the various branches of medical practice at a price low enough to be within the means of all who desire to keep pace with the progress of medical science. The Practice of Midwifery gives in a brief, practical yet graphic manner, a thorough exposition of the art and science of obstetrics as they exist to-day. Starting with the anatomy of the pelvis, the author proceeds through the physiology of generation, the mechanism of labor, and the operations of midwifery, concluding with diseases incident to parturition. While not taking the place of the larger and more elaborate works, the "Practice of Midwifery" will be found well adapted to its purpose as a handbook for students and physicians who occasionally need to refresh their memory. Lessons in Gynæcology, fitly completes and supplements the Practice of Midwifery, presenting in compact form the diseases of women, with a chapter on the means of physical diagnosis. The diseases to which woman is incident are divided into two classes, those of general and local diseases, the latter being subdivided into diseases of the ovaries; of the oviduct; of the broad ligaments; of the uterus (unimpregnated); of the vagina; of the vulva; of the mamma; functional diseases; diseases connected with pregnancy; diseases connected with parturition; diseases consequent on parturition. The description of the individual diseases are given under the headings, Definition, Causes, Symptoms, Signs, Diagnosis, Prognosis, Treatment. While gynæcology is coming to be more and more a specialty the general practitioner who is many times called upon to treat this class of diseases will find this book of decided value. The descriptions are short, practical and reliable, and the

operations necessary in certain cases clearly explained. Of the two styles of binding our preference is for the cloth as not only more durable but as a much handsomer addition to the library.

NOTES AND ITEMS.

Dr. Abraham H. Okie, for many years the leading homœopathic physician of Providence, died last month.

A new contemporary in art literature presents itself in the *Decorator and Burnisher* and the many excellencies of the introductory issue indicate a certain and successful future.

The *North American Review* for October opens with an article on "The Coming Revolution in England," by H. M. Hyndman, the English radical leader, giving an instructive account of the agitation now going on among the English working classes for a reconstruction of the whole politico-social fabric of that country and is worthy of the attention of those interested.

Descriptions of the novelties in decoration, notes on current social topics, the book reviews and art notes, both ably written, these, with the admirably edited notes and queries department, comprise some of the attractive features in the last issue of the *Art Interchange*.

Dr. Vecker, in the *Dairy Association's Journal* (England), says: "None of the five samples of condensed milk analyzed by me were produced from whole new, but from more or less skimmed milk. Really good condensed milk, as a matter of fact, is always made from skim milk or a milk poor in cream. Condensed milk is not a perfect substitute for new milk, either chemically or physically. At the best most kinds of good condensed milk are milk syrups, consisting of condensed skim milk and white sugar."

Professor Huxley presided at the recent annual distribution of prizes to the students at the London School of Medicine for Women. In his address he said that he could never see why women should not do all in their power to make themselves useful members of society. From the experiment which had been made it had been clearly shown that there were hundreds of women who had the capacity to

work as medical practitioners just as well as men had; and why they should not be allowed to take up the profession he could not understand. The Medical Acts Commission, of which he was a member, had been deeply impressed with the importance of the medical education of women; and if the recommendations of that Commission were carried out, the door would not be closed for the admission of duly qualified women on the register.

Pulte Medical College opened as per announcement with fifty-five matriculants, who enjoyed the introductory lecture given by Prof. W. H. Hunt, M.D., as well as by the faculty and a large number of ladies and gentlemen friends of the institution. Since the opening of the session some two dozen more students have arrived, so that the coming class promises to be one which will compare favorably with those of former years, and more so on account of this year adopting the Grade Course of three years.

Fraternally, G. C. McDERMOTT.

SOMETHING WORTH KNOWING.—"Dermatologists are well aware that soaps made from rancid fats or by careless methods act as irritants to the skin, and both set up and maintain diseased conditions of its surface. A pure soap, carefully made from vegetable oils, is something worth knowing and having. We can speak from personal experience that Packer's Tar Soap meets these requirements. It is exceedingly smooth and agreeable to the skin, and as it is combined with pine tar and glycerine, it is valuable as a remedy in skin diseases, as well as pleasant for toilet purposes. We commend it, without hesitation, as the most satisfactory soap, in both these respects, that we have ever used."—*Med. & Surg. Reporter*.

THE VIS MEDICATRIX NATURÆ.—Dr. Oliver Wendell Holmes, in an address to the Medical Class of Harvard College, on "Medical Highways and Byways" (*Boston Med. and Surg. Journal*, June 1, 1882), wittily said: "Whatever other theories we may hold, we must recognize a *vis medicatrix* in some shape or other. *Je le pensay et Dieu le guarit* (I dressed his wound and God healed it,) was the saying of Ambroise Pare, which you may read to day on the walls of the lecture-room of the Ecole de Medicine in Paris. The operator amputates a limb and leaves a bleeding wreck after him. What surgeon who looks on the rounded and cushioned stump a few weeks later can help owning,

'There's a Divinity that shapes our ends,
Rough hew them how we will?'

THE AMERICAN HOMŒOPATH.

NEW YORK, DECEMBER, 1882.

THE RATIONALE OF INFANT MORTALITY.

BY

B. F. UNDERWOOD, M. D.,

Brooklyn, N. Y.

The value placed upon human life, particularly upon that of the young, or of the aged who have survived the period of active usefulness, by a people affords a very fair criterion by which to gauge their culture. Among the lower races of men, the sacredness attaching to human life among the civilized nations is beyond conception, and the helpless infant, or the aged parent whose very feebleness appeals so strongly to our sympathy and care, are regarded only as an incumbrance whose sacrifice the welfare of the tribe demands. And even among the semi-civilized nations, infanticide is a common practice. "Probably one-third of the human race," says Buott, "have died in infancy; many of them by murderous hands, and more from neglect, cruelty or ignorance." That this is an under rather than an over estimate may be readily shown, for scarcely more than a hundred years ago, out of 315,156 children born in the city of London, between the years 1730-1749, 235,087 perished before attaining the age of five years, a percentage of 74.5, or in other words, three out of every four children born during that period died in infancy or early childhood. Even to-day, amid the most cultivated races, with all the appliances of modern civilization, the world ransacked to gratify the taste or please the senses, myriads of children are year by year dying, victims to ignorance and neglect, whose deaths are little less than murder and a bitter comment on our vaunted progress.

Week by week and month by month a multitude of little children are passing out from our cities to swell the ranks of the army of the dead. This great mortality, nearly twenty thousand children under the age of five years, dying in one year in the city of New York alone, is reacting with disastrous effect upon the American people, and already in New England and the Middle States the old race is dying out. The hardy New Englander, whose sturdy virtues gave him place as the typical American, and whose active brain gave shape and direction to the thought of the country for nearly a century, is doomed to extinction, and is passing away like the Indian whose home he usurped. The historic families of our revolutionary epoch are passing into oblivion, with no descendants to perpetuate the name. The great cities of the East, which have sprung up, as beneath the wand of an enchanter, upon the plains where a few short years ago the Indian roamed in primitive wildness; rivaling in their magnificence the slowly growing cities of the Old World, the accretions of centuries, are already becoming the grave-yards of the race; and were it not for the constant stream of immigration pouring in from every side, their retrogression would be plainly marked.

While many of these children thus prematurely perishing, fall victims to the zymotic diseases, it is the disorders of nutrition, which result from the ignorance and carelessness of parents and nurses, that constitute their greatest danger. "The destruction that wasteth at midday" is more to be feared than "the pestilence that walketh in darkness." For one victim to zymotic diseases a holocaust perish from failure in their digestive processes. For one infant lying in its

last sleep from specific germ-carried pyrexia, a thousand wasted marasmatic atomies are to be found in their graves from improper food and imperfect digestion." (Fothergill.)

While we are still in ignorance concerning the mysterious force we call life, which presents to us a problem, that defies, and doubtless will ever defy, our efforts to solve; the influence exerted by the environment upon the well-being and perpetuation of the individual is comparatively well understood, and in this "snuffing out of life's brief candle" there is nothing mysterious; for although many of these children are born into the world, unable from inherited weakness and delicacy of organization to continue the struggle that, beginning in the cradle, ends only in the grave, they nevertheless perish not of an inevitable necessity, but from a deficiency in their surroundings. There are certain conditions essential to every being, from the microscopic monad floating in the drop of water that constitutes its world, to the highly developed man whose world is co-existent with the universe to make it to live and fulfill the object of its existence, and when these are wanting it is perforce doomed to destruction. The more nearly such conditions approach perfection, the more perfect will be the health of the organism, the smoother the working of the vital machinery, and conversely the greater the surplus of vital force economized to resist disease and overcome the inherent tendency to disintegration and decay. Herein lies the necessity in the case of children, of providing such an environment as will tend to promote the largest vitality, for any failure whether in its nourishment, in the proper proportion of sunlight, fresh air, heat or undisturbed rest mars its perfection and

opens the way to disease and death; thus the scrofulous diathesis, the protean source of so many evils, may result directly from the continual breathing of a cold damp vitiated atmosphere. "Impure air," says Baudeloque, "is the true cause, the only cause perhaps of scrofulous disease:—whenever we find scrofula that cause exists; where it exists we find scrofula; and where it is absent, scrofula is not known." The malign influence exerted by a city; the deterioration and poisoning of the atmosphere, the contamination of the food and water, and the high nervous tension under which life must be maintained is detrimental to the health even under the most favorable circumstances and falls with increased effect upon the weakly and delicate. Under the stimulus of a great centre, the life thread of many a delicate organization is rudely snapped, that under calmer auspices and more favorable surroundings would have run unbroken for years.

The most striking circumstances connected with the young infant is its rapid growth and the most important function is that of nutrition. For not only must the body be nourished and its waste repaired, but its growth must be provided for as well, and hence the greater liability to the lesions of nutrition which constitute the gravest dangers of infant life; and the far reaching and disastrous results of such disorders. Failure of nutrition involves not only the maintenance of the body but its normal development as well, and where the mal-nutrition is insufficient to cause the death of the child, it frequently entails not only life long ills to the individual, but a visitation of the evils upon the children unto the third and the fourth generation.

Among modern writers on the diseases of children there appears to be

an inclination toward the disuse of the term *marasmus* as expressing a particular diseased condition of young children, many authors substituting therefore the comparatively unmeaning term, *Infantile Dyspepsia*, which while causing in some instances similar results is not analagous, being neither so broad or so specific; for *marasmus* may arise from other causes than *dyspepsia* and *dyspepsia* exist without *marasmus*. If we accept as a definition of *marasmus*; wasting of the tissue from mal-nutrition, the inappropriateness of the term, *infantile dyspepsia* becomes at once apparent, the mal-nutrition in infants depending upon two chief causes; an inherited defect of the child's system, or upon a deficiency in its nutriment, either in the quality or the quantity of its food. The first of these causes, the diathesis or inherited drift of the system toward certain forms of disease presents the most grave and serious form of the disorder. The tendency toward certain morbid conditions, being as directly transmissible as the mental or physical traits of the parents. These morbid propensities of the system are divisible into three classes, the *Strumous*, the *Arthritic*, and the *Neurotic*; each of which present distinguishing marks or peculiarities which even in young children indicate their presence. The child having the *strumous* diathesis will present in its pasty white complexion, light delicate hair, long eye lashes, very light or very dark eyes, large nose and thick upper lip, its peculiar *cachexia*. The muscles are soft and flabby, and the lymphatic glands show a tendency to enlargement. When lesions of the skin form they are attended with the development of pus and a propensity to the formation of thick scabs or crusts, greater than the intensity of the inflammation

would appear to warrant. The failure of nutrition in these children is shown in the large appetite, decaying or slowly developing teeth, open fontanelles, distended abdomen often filled with wind and liability to constipation and intestinal worms. A modification of this dyscrasia, with clear transparent skin, delicate appearance, long fringed eye-lashes and quick, precocious brain; is seen in the tubercular diathesis. The *arthritic*, or *gouty* diathesis, shows a tendency to an acid stomach, often as an infant vomiting milk, and having occasional attacks of constipation alternating with diarrhœa. It will often be restless and uneasy at night from indigestion; and its predisposition in lesions of the skin is more toward redness of the surface, with itching, and watery exudations drying into thin scales, than to pus formation. The *neurotic*, or *nervous* diathesis is apparent in the nervous and excitable temperament of the child, which is restless and uneasy at night and irritable through the day. Its appetite is apt to be irregular and fitful, and any undue excitement will give rise to indigestion, often with diarrhœa. The tendency in disease is toward irritation of the brain and nervous system, with delirium and convulsions from apparently trifling causes. These variations of organization it is important to recognize from the modification of disease to which they give rise; and the success or failure in prescribing for the disorders of children will often depend largely upon the idiosyncrasy of constitution and the adaptation of the treatment to meet the exigencies of the case.

The second chief cause of the mal-nutrition of infants, that of the deficiency of the food, is one that is steadily acquiring prominence in this country, from the inability of so many

American women to nourish their children. The same causes which are so prejudicial to the well being of children is operative upon the mothers, and renders them unable to furnish the only proper food of the infant. The attempt to substitute artificial feeding for the natural food of the child is fraught with difficulty and danger, for upon the selection of a proper food and the carefulness of its preparation and administration the health and life of the child depends. The digestion of children is exceedingly delicate, and the slightest cause, the lack of care in the preparation or of regularity of administration of the food, will disarrange it, and produce long lasting lesions. The cause of the failure of nutrition in artificially fed children is dependent as much, if not more, upon the degree of carefulness with which the food is prepared and administered, as upon the kind of food selected. It was a common remark among the nurses in an institution for the care of children with which the writer was connected, that while hand fed children (bottle babies) in private families had a fair chance for life, in hospitals and nursery they invariably perished, a statement which was amply justified by experience; for despite the trial of the various foods and the best care we could obtain, the artificially fed children almost always died. No food, whatever its character, can supply the lack of watchful care and attention requisite to the young child. The best, because the most easily obtainable substitute for the mother's milk, is the cow's milk, which by a slight alteration can be readily made to resemble very closely human milk. The principal chemical difference between human milk and cow's milk lies in the different proportions of casein and milk-sugar appearing in each; the cow's milk being richer in

casein and poorer in sugar than human milk. The following process, from Frankland's *Researches in Chemistry*, for depriving the cow's milk of a portion of its casein and increasing the sugar, produces a fluid almost chemically identical with the mother's milk, and is an excellent food when fresh milk is obtainable:

"Allow one-third of a pint of new milk to stand for about twelve hours, remove the cream and add to it (the cream) two-thirds of a pint of new milk, as fresh from the cow as possible. Into this one-third of a pint left after the abstraction of the cream, put a piece of rennet about one inch square. Set the vessel in warm water until the milk is fully curdled, an operation requiring from five to fifteen minutes, according to the activity of the rennet, which should be removed as soon as curdling commences and put into an egg cup for use on subsequent occasions, as it may be employed daily for a month or two. Break up the curd repeatedly, and carefully separate the whole of the whey, which should then be rapidly heated to boiling in a small tin pan, placed over a spirit or gas lamp. During the heating a further quantity of casein, technically called "fleatings," separates, and must be removed by straining through muslin. Now dissolve 110 grains of powdered sugar of milk in the hot whey, and mix it into the two-thirds of a pint of new milk, to which the cream from the other third of a pint was added, as already described. The artificial milk should be used within twelve hours of its preparation."

In our Eastern cities, condensed milk has been found of excellent service as a substitute for the mother's milk, and in the majority of cases all that is needed for the nourishment of infants, diluting the milk with about

eight parts of warm water for general use, and in exceptional cases, where it proves somewhat difficult of digestion, increasing the quantity of the water. The criticism has been sometimes made that children raised upon condensed milk, while appearing in good health and apparently well nourished, for a time, suddenly begin to fail and die of inanition. This is directly opposed to my own experience, both in institutions and in private practice; the children who were fed upon condensed milk, either wholly or partially, presenting no difference in this regard from those fed upon other material. The preference should be given in all cases, when practicable, to the uncanned milk, although in the few cases in which I have seen the canned condensed milk used, it has acted well. The best, probably, of the canned milk foods is that of Nestle's, which appears to contain pure milk.

As children differ in their constitution, and—

“What is one man's poison,
Is another's meat or drink;”

it is manifestly impossible to find any one food which will meet the requirements of every case, and the selection of a proper food becomes in some cases a matter of extreme difficulty and continued experiment. In these cases the difficulty is generally due to the peculiar diathesis of the child, which must be combatted by the appropriate remedy. Among the various foods offered, Mellin's, Ridge's, Nestle's and the Anglo Swiss milk foods have all served their purpose and have been satisfactory in their results, one or the other, for some reason, being better adapted to a particular case than the others. The primary difficulty in the rearing of hand-fed children lies in the lack of careful attention of mothers and

nurses to the absolute cleanliness of every vessel and utensil used in the preparation and administration of the food, the punctuality of feeding, avoidance of excitement and the securing of the proper amount of rest, with the sufficiency of fresh air and sunlight, and the numerous minute attentions that an infant requires to secure its well-being; and it is not until the child has become seriously disturbed that the proper care and attention can oftentimes be secured. It should be remembered in this connection that while the mother's milk is alkaline, cow's milk, when not directly fresh from the cow, is more or less acid, and unfitted for the child's food, giving rise to indigestion, pain and diarrhoea. A careful test of the milk should be made in doubtful cases, and a small amount of lime water added to the milk when it is necessary to use such milk. Another very common source of dyspepsia in children arises from the habit of nurses of placing the child in its crib, or carriage, with a bottle of milk, allowing it to suck at the bottle at its own sweet will, or more reprehensible, hold the bottle to its mouth while it lies on its back, and allow the milk to trickle down its throat. The proper position of the child when being fed is that usually occupied when nursing, and it should be retained in that position for a short time after its meal is over. This alone will sometimes suffice for the cure of indigestion in infants. For the first year of life the food should consist almost exclusively of milk, or of such prepared food as is found best adapted to the child's needs. After the age of ten months, the addition of a little plain chicken or mutton broth, with rice, may vary the milk, to which may be added, during the second year, light soup, with small portions of mutton, chicken or tender beef, minced fine,

which may be given every day but the staple article of food should still be milk. Fruit of all kinds, and all vegetables, except rice and potatoes, should be avoided, until the summer is over, or the child has cut its teeth. From two years and upwards, milk should still continue to form part of its food, and the meals restricted to three a day, with an occasional cracker, or glass of milk only, between its meals. The morning meal being composed of light nutritious food, as oat-meal, hominy, or potatoes, with milk, bread, etc. Dinner should be had in the middle of the day, and be the heartiest meal of all, with soup, meat, potatoes, etc.; and the evening meal light, principally bread and milk. Ripe fruit and vegetables may now be added to the diet list, but should any disturbance of digestion occur a return should be made to the simplest food until the health is restored. The indiscriminate diet allowed children, particularly in this country, is the most fruitful source of the gastric and intestinal complaints, and of the diarrhœal diseases so destructive to infants and young children. Could the care and attention thus briefly outlined as necessary to the well-being of the infant be secured during the early years of its life, the great mortality of infants, which swell so largely the death rate would be materially lessened, a possible danger as to the future of the race averted, and the stigma upon our race culture removed.

MEZEREUM IN PERIOSTITIS.

BY

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The fastenings of a hammock broke and the lady fell, striking the os sacrum and os coccyx on the stump of

a tree. She suffered excruciating pain. *Arnica* was used externally. A few weeks later, after arriving home, the os coccyx was still so tender and sore, that she could not sit, only lie and stand. Nothing to be seen externally. *Arn.* internally and externally for two weeks had no influence. Mezer. 2 in water every 2 hours 1 dose; cured in 4 or 5 days.

TREATMENT OF SKIN DISEASE.

(Translated from the French of Dr. P. Jousset.)

Sulphur and *Arsenic* are the two principal drugs for diseases of the skin. But the treatment of each cutaneous affection presents indications so different that it is not possible, from a practical point of view, to lay down a general treatment for diseases of the skin. We move therefore to the treatment of each of the affections which compose this malady.

A. ERYTHEMA.

We will study the treatment of *erythema simplex*, of *intertrigo*, of *chilblains*, of *erythema nodosum*.

1.—*Erythema Simplex*.—*Coup de soleil* is the type of simple erythema. The drugs indicated are *belladonna*, *rhys tox.*, *arnica* and *mercurius*.

(a.) *Belladonna* is the drug for coup de soleil when it has its seat in the face and head, and when it is complicated with fever, cephalalgia, delirium and vomiting. The 6th dil. generally suffices.

(b.) *Rhus tox.* has been recommended by Teste as the principal medicine for the erythema of coup de soleil and chilblains. We must not forget that the development of vesicles and bullæ constitute the characteristic of the inflammation produced by Sumach. This drug is

therefore not suitable in the same degree as *belladonna* and *arnica* in the treatment of simple erythema.

(c.) *Arnica*.—This produces superficial inflammation of the skin. It is therefore one of the medicines of erythema. It is suitable when the reddened skin is hard and shining. The same dilution as that of *belladonna*.

(d.) *Mercurius*.—Applied to the skin mercury produces an erythema which has for its characteristic a miliary eruption small and extremely abundant.

To resume: *Belladonna* and *arnica* are the two medicines for simple erythema and shining erythema respectively; *rhus tox.* ought to be preferred when there is production of vesicles and bullæ, and *mercurius* when the erythema is accompanied by a miliary eruption.

II.—*Intertrigo*.—We so name the erythema produced either by the irritant action of excreta, or by the friction of the parts in contact. This affection is developed chiefly in infants, but adults also suffer from it between the thighs and in the armpits.

Chamomilla, *mercurius* and *lycopodium* are the three principal medicines.

(a.) *Chamomilla* is the classical medicine for intertrigo in infants, especially if the skin is excoriated.

(b.) *Mercurius* is suitable after *chamomilla*; it is indicated when the affection is a general one, so that the infant looks as if flayed. If the erythema is complicated with miliary eruption, *mercurius* will be indicated by preference. The doses are the 3rd to the 6th dilution.

(c.) *Lycopodium* is employed externally for the treatment of intertrigo; internally and in high dilution it is suitable in rebellious cases; but the hygienic management is here ex-

tremely important. Repeated lotions of lukewarm water, baths and powders of *lycopodium* and starch, and in very painful cases the application of a pulp made with water and flour, render very great service and rapidly soothe the patients; the cataplasm of the starch of potatoe, or of that of rice, is very efficacious; but neither the cataplasms of linseed nor that made with milk is of any use.

Chilblains.—This unimportant affection, always very painful, constitutes, when it arrives at ulceration, a state of certain gravity by the impediment it offers to the functions of the feet and hands. It is a disease of infancy and of feeble constitutions. The scrofulous are all liable to have chilblains.

The principal medicines are *cantharis*, *nitric acid*, *rhus tox.*, *agaricus*, *sulphur*.

(c.) *Cantharis* has been recommended internally and externally by Jahr. For internal use he prescribes the 12th dil., and for external use lotions with some drops of the 3rd dilution in lukewarm water.

(b.) *Nitric acid*.—This drug has the production of chilblains in its pathogenesis. It has been often employed with success in the same doses as *cantharis*.

(c.) *Rhus tox.*—Teste regards this drug as a specific in chilblains, and he prescribes from the 12th to the 15th dilution twice a day. He regards the external application as useless.

(d.) *Agaricus muscarius* produces a burning pruritus with redness as after congelation of the ears, nose, fingers and toes. It is therefore perfectly homœopathic in the treatment of chilblains which have not ulcerated. This medicine is generally recommended internally and externally by homœopathic physicians.

(e.) *Sulphur* is indicated in cases of ulcerating chilblains.

Physicians ought above all to endeavor to arrest the development of chilblains. For this purpose, notwithstanding what Teste says of it, external medication is very precious. We are accustomed to prescribe unctions made each evening with a mixture of glycerine and perchloride of iron in the proportion of 50 centigrammes of the latter to 50 grammes of the former. If, notwithstanding this treatment, the chilblains are developed, or, if we are consulted after they are developed, the application of collodion may still render service. In short, ulcerated chilblains are washed with iodurretted water and dressed with a pomade composed of cold cream and hydrate of chloral in the proportion of one or two hundredths.

III. *Erythema nodosum*.—This erythema is often connected with arthritis. It may be accompanied with sore throat and a marked febrile movement.

Belladonna, *apis mellifica*, *antimonium crudum*, and *chininum sulphuricum* are the four principal medicines for erythema nodosum.

(a.) *Belladonna* is indicated quite in the beginning by the sore throat and the febrile movement.

(b.) *Apis* responds to burning nodosities seated at the level of the articulations, to articular pains, and to the fever. This medicine is more particularly indicated when the patches of erythema are very prominent, very red and very burning. The tendency to syncope is a further indication of this medicine.

(c.) *Antimonium crudum* responds to the same symptoms as *apis*, but it ought to be preferred when the tongue is foul, when there exists nausea, vomiting and a tendency to diarrhœa.

(d.) *Chininum sulphuricum* is suitable when the patches are less prominent, when the arthritis is more pronounced, and especially when the morbid process is intermittent.

The lower dilutions of these four medicines are indicated by preference.

B. URTICARIA.

This malady presents itself under two forms: *febrile urticaria* (or urticarial fever), and *chronic urticaria*.

I. *Febrile urticaria*.—A great many medicines have been extolled in this disease, and their success is more often due to the fact that the febrile urticaria frequently terminates in cure in a few days.

Apis mellifica, *camphora*, *urtica urens*, *astacus fluviatilis*, and *chininum sulphuricum* will suffice to fulfil all the indications.

(a.) *Apis* is indicated in the beginning by the fever with anxiety, tendency to syncope, vomiting and diarrhœa.

(b.) *Camphora* ought to replace *apis* if the tendency to syncope, coldness, feebleness of the pulse and anxiety resist the action of the latter, or if from the very beginning the symptoms present themselves in very great intensity. *Camphor* is prescribed in tincture in doses of one drop in sugar every half hour.

(c.) *Chininum sulphuricum* is indicated when the febrile movement is distinctly intermittent.

(d, e) *Urtica urens* and *astacus fluviatilis* are suitable when there is no febrile movement: or better, when the fever has ceased. They are indicated by large patches which are very itching. The doses generally employed are the low dilutions.

II. *Chronic Urticaria*.—*Arsenicum*, *antimonium crudum*, *anacardium*, *lycopodium* and *chloral* are the principal drugs.

(a.) *Arsenicum*.—This is the grand

medicine in rebellious cases, when the patches are enormous, with nocturnal aggravations. Dose, first triturations.

(b.) *Antimonium crudum* is indicated by the state of the digestive functions, loss of appetite, nausea, tendency to diarrhœa. The eruption is very prominent, the pruritus is aggravated in the evening and hinders sleep. Dose same as that of *arsenicum*.

(c.) *Anacardium* is indicated, according to Richard Hughes, in urticaria tuberosa when the cause is emotive. Dose, from the 6th to the 12th dilution.

(d.) *Lycopodium* has given some success in very rebellious cases. I have no other indications than that *the pruritus comes on in the evening in bed*, forcing one to scratch which causes the patches of urticaria to appear and which disappear after that. Dose, 30th dilution.

(e.) Chloral. — This medicine is recommended by the English School in very rebellious cases. Richard Hughes recommends it very much. They give it in doses of some centigrammes.

C. HERPES.

When this affection comes on as a critical phenomenon of synochal or ephemeral fever, it is necessary to know that it will get well of itself. *Rhus tox.*, *croton tiglium*, *mercurius*, *arsenicum*, and *hepar sulphuris* are recommended.

(a.) *Rhus tox.* is the principal drug for herpes; its pathogenesis offers a very exact image of this affection, and the practice of the generality of homœopathic physicians has confirmed, long since, its efficacy. It should be prescribed in the 3d dilution.

(b.) *Croton tig.* is rather appropriate in the very inflammatory form of herpes preputialis.

(c.) *Mercurius* is, according to Richard Hughes, the best medicine in herpes of the prepuce.

(d.) *Arsenicum* is indicated for chronic herpes. It constitutes the best treatment of constitutional herpes of the prepuce which comes on at irregular periods in some persons, and is sometimes confounded with soft chancre. The 6th dilution repeated twice a day for eight days is the mode of administration which is convenient in such cases. If the affection has the habit of appearing often, it will be well to use the *arsenicum* every month to prevent the relapses and effect a radical cure.

(e.) Bæhr recommends *hepar sulph.* in analogous cases.

D. ZONA.

When the zona is not accompanied by pain and when it is constituted uniquely by an eruption of vesicles of herpes, the treatment is the same that we have indicated in the preceding paragraphs. *Rhus* is the principal remedy; but when the zona is accompanied with atrocious neuralgias, which precede, accompany and follow the eruption, it will be necessary to have recourse to other drugs. *Arsenicum*, *causticum*, *ranunculus bulbosus*, *mezereum* and *dolichos* are the principal.

(a.) *Arsenicum* is indicated when the pains are burning, when they are accompanied with anguish, and when they are very severe at night. This medicine has been recommended by all the schools. Dose, from the 6th to the 30th dil.

(b.) *Causticum* is suitable when the pain is at the same time *itching* and burning. Dose, from the 3d to the 6th dil.

(c.) *Ranunculus bulbosus* is suitable to the pains and to the eruption. The pains of *ranunculus* are aggravated by the least contact, by move-

ment, and by stretching the body. Dose, from the 3d to the 6th dil.

(d.) *Mezereun* is indicated by Bæhr, as the principal medicine in zona; it is suitable for neuralgias which succeed the eruption.

(e.) *Dolichos*.—This medicament has been found useful in analogous cases.

We refer to the treatment of neuralgias, in particular, to intercostal, crural, brachial, suborbital neuralgias, for the treatment of inveterate neuralgias which sometimes follow zona.

E. ECZEMA.

Eczema, the humid herpes of the ancients, is an affection very rebellious and very frequent, which manifests itself in the scrofulous, the gouty, and the herpetic. From the point of view of treatment we will establish the following subdivisions: *Eczema simplex* or eczema properly so called, which is peculiar to the herpetic and the gouty; and *eczema impetiginodes*, which we observe especially in the scrofulous. Lastly, we distinguish in these two forms a period of inflammation and a period of desquamation, or of crusting, scurfing.

I. *Eczema properly so called* or *vesicular eczema*.—1° Inflammatory period.—This period, which may last months, is characterized by an eruption on a red and inflamed base, by considerable itching, and by an extremely abundant oozing. In its most intense manifestation this form of eczema is accompanied with fever, and resembles erysipelas. The principal medicines are *chininum sulphuricum*, *rhus*, *cantharis*, *mezereon*, and *plumbago*.

(a.) *Chininum sulphuricum* in indicated in the treatment of the inflammatory period, when this affection, by its violence, approaches erysipelas. It is then the medicine for eczema

pseudo-exanthematic. I have cured with this medicament an acute general eczema. It is necessary to give the first trituration or five to six centigrammes of the substance in 24 hours.

China, which succeeds so well in mother tincture in the treatment of erysipelas may be prescribed in the place of *chininum sulphuricum*, if the indications of the latter have miscarried.

(b.) *Rhus*.—*Rhus toxicodendron* in homœopathy, a classical medicine in inflammatory eczema. Dr. Cretin has substituted, with advantage for this medicine, a plant of the same family, *rhus vernix*.

Rhus is indicated whenever the cutaneous inflammation is so intense as to resemble erysipelas. The indication of *Rhus* is precisionized by the following symptoms:—eruption of vesicles upon the skin which is red, painful and swollen, intense pruritus followed by violent smarting when the patient scratches the affected parts. It is generally prescribed in the low dilutions. Dr. Cretin administers up to 20 drops of the mother tincture of *rhus vernix*. This practice has no inconvenience and has often been followed by success.

(c.) *Cantharis* responds to the same cases as *rhus*, and it is difficult to give the characters which differentiate the two medicines. Nevertheless, when the smarting predominates over the itching and when the diseased surface resembles a blister, *cantharis* ought to be preferred to *rhus*. I have always employed the 6th to the 12th dilutions.

(d.) *Mezereon* has been less often employed in the treatment of eczema than the preceding medicaments. Nevertheless its physiological action, such as one notices not only in Hahnemann but also in Cazin, is very analogous to that of *rhus* and *canth-*

aris. The characteristic of this medicine is an *intolerable itching* and an *extremely abundant oozing of fluid*. This medicine is perfectly indicated in true eczema at its period of inflammation. Experience will show which is the most suitable dose.

(*e.*).—*Plumbago* has been advised by Dr. Fredault. Employed in the treatment of the itch, it has sometimes produced a general vesicular eruption. A young girl, who had abused it, became so to say as if flayed alived.

Plumbago is, in general, reserved for the treatment of eczema of the hands which is known by the name of grocer's itch.

(*f.*) *Sepia*.—The pathogenesis of this comprehends: itching with vesicles on a red base on all parts of the body, face, eyelids, hands, feet, armpits, vulva, arm, ears, hairy scalp. It is thus indicated in the inflammatory period of general vesicular eczema. Nevertheless, more than the preceding medicaments, *sepia* responds to the secretion of a puriform fluid with soft crusts. Further, it is the medicine for the scrofulous. It will then be indicated by preference in cases of eczema which with vesicles and a very marked inflammation of the skin, present at the same time some pustules of impetigo.

It is, in a word, the medicament of mixed eczema which has at the same time the characters of the vesicular and impetiginous varieties. Dose, first decimal triturations.

2° *Period of dry desquamation in scales*.—*Arsenic* and *graphites* are the two drugs of this period.

(*a.*) *Arsenicum* is, according to all schools, the principle medicament of diseases of the skin, and in particular of eczema. The pathogenesis of Hahnemann explains and perfectly justifies the therapeutic action of *arsenic*. For us, it is especially a

medicine for the period of desquamation of chronic eczema; it is indicated by dry scales and by burning itching. It ought to be prescribed after the other medicaments of the preceding paragraph. If it is prescribed too soon, it brings back the inflammatory eruptions, and is more injurious than useful. It ought to be continued for a long time to prevent as much as possible the relapses of the disease. All doses have been employed in homœopathy; all have given success. Nevertheless I believe that the lower triturations have a more certain therapeutic action.

(*b.*) *Graph.* ought to be preferred to *arsenic* when the eczema is localized, the eczema of the ears for example, and that of the hands when accompanied by rhagades, and by the flow of glutinous fluid.

The 6th to the 12th dilutions are generally employed. Bæhr employed *graphites* from the 4th to the 6th decimal trituration.

II.—Eczema impetiginodes. *The first or inflammatory period*.—*Dulc.* and *viola tricolor* are the two principally indicated. *Antim. crud.* and *sepia* are also indicated.

(*a, b.*) *Dulc.* and *viola tricolor* contain in their pathogeneses the production of pustules and swelling of glands. Both have been employed traditionally in the treatment of scrofula and humid herpes.

Viola tricolor is more especially applicable to the treatment of impetigo of the hairy scalp and of the face, which occurs in infants, and which is improperly called *crusta lactea*. Richard Hughes, among homœopathic physicians, affirms that he has never had the necessity of any other medicine in *crusta lactea*, and that he has administered it with success in the impetigo of adults. It serves in the 6th dil. in the first, and in the 1st decimal in the second class of cases.

I am in the habit of alternating *dulcamara* and *viola tricolor* in the 3rd trituration in the treatment of impetigo.

(c.) *Antim. crud.* As remarked by Dr. Hughes antimony is the leading remedy for pustules; *antim. crud.* is therefore indicated in chronic impetigo. Impetigo of the face with yellow crusts like that of honey, burning pains, painful cracks at the commissures, indicate *antimonium crudum*. Dose, 1st trit.

(d.) *Kali bich.* is indicated in analogous cases, and recommended as very efficacious by Dr. Hughes.—*L'Art Med.*

MALARIOUS FEVER, JAUNDICE AND DIARRHŒA.

BY

DR. J. N. M.

S., æt. two years and a half, of respectable parents, is delicate from birth, subject to alternate diarrhœa and constipation.

Previous History: Suffered for a couple of months at birth from dysentery after taking a dose of castor-oil; when 6 months old, she caught cold and suffered from whooping cough for a long time. She kept well for a time after this until she reached the age of 2 years, when she had diarrhœa again which proved so obstinate that the parents were obliged to give a change to a healthy place; this was in Paush last or the latter end of December, 1881. The change proved beneficial; the diarrhœa was stopped and she rallied a little for a while.

While on a boat trip latterly with her parents the child caught fever, after exposure to chilly air while bathing. This at last terminated in jaundice with enlargement of the

spleen and liver. She was brought down to Calcutta in haste, and was placed under the treatment of their family physician, an aliopath.

She did well for some time under the treatment, so much so that the liver and spleen became normal in their size, and the fever and jaundice also decreased to a large extent. Suddenly, on the night of the 12th or 11th Feb. last, the fever became increased and on the following day she had a sharp attack of diarrhœa which almost brought her to the verge of death.

During the present attack she was at first treated with Dover's powder and Bismuth; then she had Gallic Acid mixture with stimulants such as Port-wine or Brandy from time to time. There being no alarming symptom for a day or two the above treatment was pursued until the night of the 15th Feb. when suddenly the child grew worse probably through bad dieting, and the stools became serous, profuse and exhausting. In the morning the family doctor was sent for, who came and told the parents that there was little chance of her recovery under the old system and they had better try some other mode of treatment. It was at this critical moment that I was called in. I saw her at 10 A. M. on the 16th Feb. and found her in the following condition:—stupor with half shut eyes, eye-balls sunk in, body cold, forehead covered with cold clammy sweat, pulse barely perceptible at the wrist, extreme emaciation, abdominal walls touching the spine, skin dry and harsh, constant passing of greenish stools almost involuntarily, with moaning and desire for water, no nausea or vomiting, no urine since she became worse at night.

I almost hesitated to take up the case in my hands for fear of bringing unmerited discredit upon homœo-

pathy, and I was compelled against my wish to prescribe. I gave her a dose of *Ars.* 30 in water at 11 A. M. immediately after a stool.

11½ A. M. Had 2 more stools rather profuse, after the 1st dose of medicine. Repeat medicine; omit all food except barley water.

12 M. Pulse better, rather full and feverish; continue medicine after each stool.

4½ P. M. Had 3 more stools during my absence from 12 M. up to time and taken 3 doses of *Ars.* 30. Has been sleeping off and on since she got fever. Dr. Sircar, who came to see the child with me ordered to stop *Ars.* for the present and to give *Cham.* if the fretfulness, which has become a marked symptom, would continue.

6½ P. M. Had another stool just now after a long interval, quantity rather profuse, and passed urine too.

8 P. M. Another stool about this time with gripes which made her cry very much. *Cham.* 12, one dose.

9 P. M. One more stool at this hour. Character and quantity same. Pulse becoming weak again, *Ars.* 30 was resumed.

2 A. M. Had a stool at 10 P. M., and again just now, pulse fair, patient irritable, does not allow to feel her pulse even, no urine since 6½ P. M. Repeat medicine.

17th. Morning, 6 A. M. One stool just now, consisting of greenish mucus and serum. Straining after the evacuation; patient very cross, no urine. Repeat medicine.

2 P. M. Has had neither stool nor urine since morning when she is said to have passed a few drops. Took a dose of *Merc. sol.* at about 11 A. M., no medicine since then; ordered *Canth.* 6.

6 P. M. No urine yet, abdomen tympanitic. Had 3 doses of *Canth.*

without effect; ordered *Nux v.* 30, and fomentations externally.

8½. Had slept after the fomentation. One stool just now, which is more consistent although greenish, and made water freely, with immediate relief of the tympanites. Dr. Sircar called about this time, and as the patient had passed both stool and urine, he advised to stop all medicine.

12 P. M. Midnight. Had another stool at about this time with profuse urination after which she took her food which was barley water, sweetened with a little sugar. *Puls.* 6.

18th. Morning 6 A. M. No stool since she took the dose of *Puls.*, had slept quietly. A stool just now, which is more consistent and yellowish, erythematous blush on the left cheek, no fever.

1 P. M. Had one more stool after 11 A. M., consisting of greenish mucus, mixed with fecal matter, but no urine with the stool. Erythema less marked, took her food with more relish and avidity. Had 2 doses of *Puls.* up to time. Ulcers on the mucous surface of the lower lip.

6 P. M. Made water just now rather profusely. Skin cool, no stool since last report; omit medicine.

19th. 12½ P. M. Had altogether 3 stools during the night before, the last two of which were pretty consistent and formed, no urine from 4 A. M. up to time; patient still very cross, erythematous patch fading away. Ulcers in the mouth and lips giving her much trouble, disinclination for food. *Bell.* 30.

3 P. M. Passed water and then a stool just now, after an interval of 12 hours. To have a dose of *Bell.* at 4 P. M.

20th. Morning, 10 A. M. Had 4 more stools during the night and one this morning, made water also with the stools, which were not very consistent, does not take to her bottle

properly owing to pain in the mouth from sores. Ordered *Merc. s. 6*.

21st. Kept well during the previous day but at night she had 3 to 4 stools, consistent and yellowish, ulcers in the mouth better, pulse rather feverish, throws up milk when she is fed by the spoon, not when fed from the bottle, the blush on the left cheek still perceptible with some swelling below the lower eyelid on the same side.

21st. Urine more free at night than in the day, ulcers no better. *Bor. 6*.

Evening. Has been feverish throughout the day, although she perspired now and then, the sweat most marked on the face and head, had one stool at 5½ P. M.

22nd. Morning. Had 5 stools during night from 8½ P. M. until morning. Skin dry, pulse quick, abdomen tympanitic, ulcers in the mouth same, difficulty in sucking from the bottle, feverish and irritable as before. To have a dose of *Sulph. 30* now, to be followed by *Chin. 30* after 3 hours.

Evening: tympanites less, but the fever continues; omit medicine.

23rd. Morning. Had 3 stools during night, after which she felt better, fever off, ulcers in the mouth same. Continue *Chin. 30*.

Evening. Abdomen tympanitic again, took very little nourishment during the day. *Sulph. 30*. To be followed by *Calc. c. 30*.

24th. Morning. Is doing well since she had stools at night, after which she had a dose of *Sulph.* and then at 5 A. M. *Calc. c.* Urine generally suppressed during the day. No fever, ulcers in the mouth looking better. Ordered some weak broth in the morning, and a dose of *Sulphur 30*.

25th. Has had no stool since night before last, but made water from time to time in its stead. Took a dose of *Sulph.* in the morning;

ulcers in the mouth again worse. *Kali Chlor. 3*.

26th. Ulcers decidedly better, stools better. Cont. *Kali chloricum* as before; *Cham. 6* at night for her sleeplessness.

28th. Has improved a great deal. Omit all medicine.

March 2d. Evening. Has got fever since morning with loose motions, constant hankering after food. *Aco. 6*.

4th. Still somewhat feverish, motions whitish and loose. *Calc. c. 30*.

6th. No fever, bowels good, continue *Calc. c.*

9th. Has been getting loose stools since yesterday again, and feels rather weak, much hankering after food, stools greenish, yellowish and foetid, spleen continues enlarged. *Chin. 30*.

14th. She is getting on nicely, since I saw her last. *Chin.* once or twice a day according to number of stools.

20th. Decidedly better; has gained in flesh. Has been getting *China* off and on. The spleen has become reduced to its natural size.—*Calcutta Journal of Medicine*.

THE STUDY OF DISEASES OF CHILDREN.;

BY

WM. B. ATKINSON, M.D., Phila.

(Concluded.)

Hence it becomes the duty of the physician to impress on the parents the necessity of attention to every untoward symptom. I would not have them magnify such matters, but we all can readily recall instances where serious trouble has resulted from such carelessness. The child is out of sorts, does not eat, is irritable, refuses to play, or quickly aban-

dons one thing for another; these actions should be made to ascertain the cause. A case has recently occurred to me with just such symptoms as the above. They were disregarded as the result of "crossness." On the third day convulsions set in, which continued without cessation until death closed the scene.

Symptoms such as these, with squinting, frowning during sleep, rolling the head, vomiting, and generally constipation, can never be neglected with impunity. In addition, we have turning of the thumbs, which is almost invariably associated with brain trouble.

I cannot leave this point without alluding to those cases where the child halts in its walk, or returns to crawling after it has walked. Such symptoms should always arouse suspicion, lest they be the early warnings of hip-disease or spinal affection.

We constantly find it true that the parents are too apt, after many scares, to go to the other extreme, and neglect calling the physician until serious injury has occurred.

Perhaps it would be well at the outset of our study to understand why some people are more successful with children than others. That is, they can with more ease approach a child and ascertain its condition. It should be remembered at the outset that children, sick or well, are great observers. Instinctively they know who approaches them gently, kindly. The very young child is easily startled, and it behooves the physician to act with the utmost circumspection when he makes his first visit. Let him at once seize the child and endeavor to feel its pulse, look at its tongue, or examine it in any part, and he immediately arouses a fear, a suspicion, it may be a feeling of antagonism in the child, which will take a very long time to subdue. On

the contrary, he is wisest who acts as though the child was not to be the subject of inquiry. A conversation with the parents or nurse, very guarded as to the child, who should all the time be the object of examination in its every movement, will generally place it more at its ease. The strange man is to it an object of curiosity; it wants to know whether he is to be feared or approached. Like the antelope on the plain, the child is largely endowed with curiosity, and as soon as it finds there is nothing to dread, no repulsion, it is attracted, and desires to learn more of him. In this way the sensible physician speedily places himself on a pleasant footing with his little patient, and often before it knows how it has occurred he has the infant in his arms, feels its pulse, hears the action of the heart and lungs, knows the temperature, the condition of its skin, and has made a good many steps in his diagnosis.

To feel the teeth, to see the tongue, to ascertain the state of the throat, are matters as readily accomplished. The finger dipped in a little sugar, if need be, can without difficulty be passed into the mouth—the small finger preferably; the condition of the gums, the presence of teeth, are noted, and then, being passed a little further back, the child gags, the throat and mouth are quickly inspected, and thus a seemingly difficult task is performed. Who can fail to be astonished at the trouble experienced by the man who approaches a child at any age with a spatula or spoon? Couple this with a rough command, "open your mouth," "put out your tongue," and the child is seized with a fear of something that is to follow which arouses its little powers of resistance. And if, finally, the physician obtains his purpose—he often fails—he has done so much

harm that he usually adds to the original sickness. Should the manœuvre as above be successful, he must be prepared to learn in a quick glance all that he wants about the mouth and throat—whether there be aphtha, inflamed gums, sore throat, diphtheritic ulcers. Knowing the normal color of these parts, he can tell whether they are blanched or congested. On the subject of sore throat, a simple action always gives a clue. Let the child swallow a cup or more of cold water. If it swallows without hesitation, drinking readily, the throat is in proper condition.

On the subject of a proper approach to a patient, I have often wondered how some men can obtain practice. It is imperative that in every way we should commend ourselves to these little people, and is it not equally so with patients of older growth? Can the physician who comes to the sick bed—say of a delicate woman—with clothing fumigated with the fumes of tobacco, perhaps even laying the cigar still smoking on the table while he talks; or, what is worse, examining the tongue or throat, while every breath is loaded with whiskey be otherwise than offensive? It is a terrible misfortune when one has a bad breath the result of disease, yet how many of us work incessantly to acquire one!

I trust you will pardon me for this digression, but I have so thoroughly been imbued with the belief that the physician should be a scholar and a gentleman, that I can never view him otherwise without feeling that he has aided to degrade the noblest of callings.

To return to my subject: the examination may, except in rare cases, be made a sort of play with the child. He is tickled, and the laugh hurts him; a clue is obtained. He speaks or cries; the tones tell us

much as to the throat and lungs. His decubitus shows whether pain prevents the proper position. In short, with a proper knowledge of the child in health, and a careful inspection of every movement, one can often say to the anxious mother much to encourage her, or to assure her that she has not failed in securing the services of one skilled in his profession.

Having learned as far as we may the diseased condition of the child, our next step is to remedy it, and restore it to its normal state. In attempting this, let us “make haste slowly,” lest in our hurry, in our eagerness to apply our remedies, we not only interfere with nature’s efforts, but actually add to the present trouble. Fortunately, the days of bleeding and actively physicing children have passed never to return. We no longer aid disease by reducing the child’s strength to resist it.

In medicating children, remember what I said at an early point. Ascertain the indications, and endeavor to meet them. Is the stomach loaded with indigestible or poisonous matters? Empty it with an emetic. The one most handy and efficacious will be of mustard or salt and warm water, followed by plenty of warm water, to thoroughly wash out the offending substance. If the case has been so delayed that much of the mass has passed into the bowels, give a purgative, and free injections into the lower bowel of water, with soap.

If there is reflex irritation, with convulsive tendency, sinapisms to the spine and elsewhere should at once be employed.

If fever is present, tepid sponging almost invariably reduces the temperature, and cool acid drinks greatly aid in giving speedy and positive relief.

Employ always the mildest reme-

dies at first, and aid their action by quiet, rest and diet. But do not fear when the emergency demands to use those articles which experience has shown to have power to meet such an emergency. Invariably exhibit such medicines in the minimum dose, increasing or repeating until the desired effect is obtained. Thus, as an illustration, we may take a case of convulsions, which to every one concerned is usually a source of great anxiety or excitement.

If called during the convulsion I would employ the hot bath; cold to the head, particularly in the form of ice in a bladder, thus getting all the cooling without so much of the wetting effect; broad sinapisms the whole length of the spine; and, unless the spasm quickly ceased, anæsthetics by inhalation. An interval having been secured, act according to indications. Should there be reason to regard the convulsion as the result of loaded stomach or bowels, relieve both as before mentioned, and quiet the tendency to a return with usual remedies. I may here mention that the latter may be very usefully thrown into the bowel, and thus avoid its unpleasant effect when administered by the mouth. Or, if there is reason to regard the spasm as a prodrome of one of the eruptive fevers, its recurrence need rarely be apprehended, and the case should be watched for other symptoms to be treated as they arise.

Perhaps in no case do we require more care in making the diagnosis. Such attacks are often the result of injuries to the brain, exposure to the sun, the result of heat stroke, or a symptom of meningeal or cerebral congestion or inflammation. Fortunately, rest, quiet, and the treatment already mentioned, are the best that we can do until positive indications arise which demand other remedies.

Upon another point it becomes important that we should dwell for a little—the necessity of support by appropriate diet, or even by tonics, during the continuance of disease. A widely diffused belief, but one very erroneous, is that milk should be withheld from a child during fever. We have but to point to the constant suckling of a child and its necessity to prove this error. See to it that amid the care to administer medicine, food is not neglected; that it may be given in proper form and quantity, and at the proper interval. In many of the affections of children—say measles or variola—much evil is caused by the great reduction of the strength, both by reduced diet and by reducing medicines. Where children have a predisposition to phthisis, etc., it has but this to arouse the latent disease, and the child too often recovers from the one only to be attacked and speedily carried off by something more dangerous.

Medicines for children should always be exhibited in a palatable form. Pills, especially should be avoided. Disguise the remedies by the employment of pleasant syrups, and make the quantity to be taken as small as may be. Frequently a pleasant remedy like the liquor potassæ citratis, with syrup of lemon or the like, will cure a moderate fever, or act as a placebo until there is more urgent need.

Perhaps my lecture would be incomplete did I not allude to the necessity, too frequently occurring, of meeting an annoying indication. I mean the determination on the part of so many who have the care of children that they shall take medicine because they are supposed to require it. The child picks its nose, and has other equally valuable symptoms of the presence of worms hence it must have some worm medi-

cine. The doctor is appealed to, and if he, very injudiciously, pooh-poohs the matter, the drug store is sought, and worm lozenges, teas, or other injurious trash, are bought of the complaisant apothecary, and the child is often rendered really ill by this administration. Where we have to do with people of sound judgment it is better to explain to them these matters at some length, and we can generally convince them.

Unfortunately, however, every neighbor must be consulted, and the doctor is either voted an ignoramus or an old fogey, and the result is generally a very sick child from such officiousness.

Often it has been better to appear to yield, and give a placebo as above, and thus save the child from a worse fate.

In assuming the charge of a child, it should be an early duty of the physician to obtain information as to what has been the habit of the mother: if she has accustomed it to the use of soothing syrup, etc. Many cases, otherwise obscure, are made plain when we have obtained an honest history from those who have them in charge. Insist upon this in every case, for very many do not scruple to employ these articles for the most selfish purposes, and yet are ashamed to have it known to the physician. You rarely can hope to get such people to abandon their use, and can employ your knowledge to enable you to employ the appropriate treatment when disease occurs.

In these days, when the cares of maternity are avoided as much as possible, and where infanticide is frequently preferred, we cannot ask that those who submit to their lot and go through the pangs of labor shall be further annoyed by sleepless nights, or prevented from enjoying their regular round of pleasure merely for

a crying child. And when they are presented on every side with such palatable articles which the child itself learns to cry for, it is really inhuman to expect that they will refrain from doing what every one does, even though it should cause the stunting of a child, or aid in swelling the infantile mortality.

Amid the great demoralization of the day, ours would appear almost a hopeless task. But we cannot lay it down any more than the sanitarian who so constantly finds his best efforts frustrated by greed, avarice, ignorance, and the host of obstacles always in way of right and truth.

And now, gentlemen, in concluding, let me hope that I have not detained you to no purpose. I trust that I have sown some seed, planted some germs, that may grow and yield a harvest of good to the cause.

MANAGEMENT OF THE FIRST STAGE OF LABOR.—The old method directs us to observe a wise and masterly inactivity, in the management of the first stage of labor. The author condemns this method as one which not only lengthens the time of labor and suffering, but also increases its severity. He claims that as the dilatation of the os is the first obstruction, which is to be overcome, it should be done with the least possible amount of force on the part of the uterus and patient, thus holding the forces in reserve for the other stages.

This may be done by the skillful use of digital dilatation, there being no danger of causing laceration of the cervix in this stage, except when the head has fully dilated the os, and the attempt is then made to still further dilate it and push it over the head, as the old method directs. By the careful use of digital dilatation, we aid the longitudinal forces of the uterus to overcome the circular, which must,

as we know, be the case before the first stage is ended.

If the cervix is rendered rigid by inflammatory products, or the too early escape of liquor amnii bringing the hard presenting part directly upon the tissues of the cervix, irritating it unduly, and throwing it into a state of spasmodic contraction, this will be discovered before hours have been passed in unnecessary pain and suffering.

The author states that he has used this method in his practice for the last fifteen years without accident or injury, and has thereby materially shortened the time of labor and suffering.

After administering an anæsthetic sufficient to dull the pain he passes his two fingers into the os during a pain and expands them, or he hooks the forefinger on the cervix and makes firm pressure, occasionally sweeping the finger around the entire cervical orbit. By this the number of pains necessary to distend the os is decreased and muscular power preserved for future use.

The dilatation is not to be continued until the cervix slips over the head, for the cervix at that time is so greatly dilated and thin, that any further attempt to dilate would certainly lacerate it.

He claims that since he has adopted this manner of proceeding he has not administered a single dose of ergot as an oxytocic in labor at full term, and that he also finds the number of cases in which he is required to use the forceps much less frequent than his fellow practitioners. He thinks that his freedom from use of ergot and forceps is mostly due to his method of dealing with the first stage, and not to accident.

THE EFFECT OF ALCOHOLIC DRINKS ON DIGESTION.—From a series of experiments with artificial digestive fluids Büchner (*Archiv für Klin. Med.*) finds that beer undiluted stops digestion, and if diluted retards the process; wines act in a similar manner; both beer and wine hinder digestion, even when in small quantities, and this action is increased if there is coexisting disorder of the stomach. He concludes that these agents should be given with caution or entirely withheld in cases of gastric catarrh.

GENITAL IRRITATION.—From a study of nineteen cases, Dr. Landon Carter Gray believes:

1. That there is no proof that genital irritation can produce a reflex paralysis.

2. That while it is probable that slight nervous disorders, as incontinence, retention, difficult micturition, erotic movements, and slight nervous disturbances, can be produced by genital irritation, the proof is not yet complete.

3. That operation for the removal of genital irritation may be beneficial even in organic nervous disease.

4. That we should, therefore, remove such genital irritation, if it exists in any case whatsoever, and thus give our patients the benefit of the doubt.

5. That in all cases of nervous disorders, with accompanying genital irritation, we should not regard the latter as the cause of the former until all other probable or even possible causes have been rigidly excluded.

6. That operations upon the genitals, even if there be no genital irritation, may prove to be a useful therapeutic measure in certain cases.

—*Ann. of Anat. and Surg.*

THE

AMERICAN HOMŒOPATH.

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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DRUG PROVING.

We have frequently alluded to the unsatisfactory manner in which our drugs have been proven. We need not tell our colleagues how often practitioners are disappointed when they follow the symptoms of a given drug as laid down in our books on *Materia Medica*. While many are undoubtedly correct, there are a number which must have been the offspring of the prover's imagination only. It is, therefore, difficult in many instances, for the reader to separate the wheat from the chaff. To the practitioner in an active and large practice, it is a discouraging task.

It is surprising that among so many earnest workers in our school, there has not been long ago formed an association, determined to ascertain the *true* symptoms that appertain to any given drug to be used homœopathically.

This can only be done by giving one drug at a time to four or five physicians, each of whom can command the assistance of at least three or four lay persons. If an association for proving remedies can be formed with a membership of fifty physicians, forty drugs can be proven every year, and forty remedies thoroughly proven, will be more valuable to us than four hundred with a hundred symptoms each, of which only ten are probably genuine.

If our symptomatology can be placed on such a basis, we would make converts of four-fifths of the intellectual part of the old school in less than five years.

There is no reason why it should not be done. All that is required is that a few of the leaders in our school act in concert to accomplish it. In this undertaking the advocates of high and low potencies can certainly labor together.

A beginning of a move of this kind, we are glad to see, has been made by the Central Ohio Medical Society, a synopsis of whose circular we gave in the October number.

We regret that the attempt to accomplish their object has been rather cumbersome and crude in its details.

To give three remedies to as many physicians as they can enlist, and ask them to prove them for a whole year, when we consider the vast number that ought to be proven, seems like picking up pebbles on the shores of the ocean.

Prizes, too, will be no inducement to the kind of workers that can be enlisted in such an undertaking. But *the conditions of the proving* surprised us more than anything else. How anybody could think it possible that a physician would or could approach his lay friends with a request to furnish two-thirds of the information demanded by the association is a matter of surprise to us.

Neither does it appear to us essential to have so complicated a machinery to obtain satisfactory results.

A few years ago we decided to prove a few drugs; some that had been proven and a few others that had not, at least not to our knowledge. We thought it best to prove one at a time.

We were fortunate in being able to call to our assistance five lay friends, two females and three males, all ordinarily healthy.

We gave to each a drug, without informing the person of the name, and a paper divided into four columns. In the first column they recorded the time and character of their meals; in the second the time and character of their emotions and moral or mental influences which affected them; in the third, the secretions of whatever character, and in the fourth the time

of every symptom which they observed. When their several reports were received, allowance was made for symptoms produced by what caused the record of the first, second and third columns. When all five reported the same symptom, it was marked *very valuable*; four *valuable*; three *worthy of notice*, two and one for further consideration.

After a lapse of three months, the same persons were furnished with the same drug, but without their being informed that it was the same. Their reports were furnished again to us, as stated above. When after this second trial we found all five agree again upon the same symptoms, corroborating their first report, we noticed it as *reliable*, and so on with the others. We were then ready to verify them clinically in the sick room, and generally with the best results. It is true we obtained but comparatively few symptoms from each drug, but what we did obtain were very valuable.

It appears to us, if a provers' union, composed of fifty physicians selected from different parts of our country could be formed, who would consent to act together upon a somewhat improved system of this plan, results might be obtained which would advance the success of our school beyond our utmost expectations. We will need no prizes for such men. The fact that they worked for the best interest of our school and humanity will be their all sufficient reward.

TO OUR READERS.

With this number ceases our connection with the AMERICAN HOMŒOPATH as its editor. We assumed the responsibility of the charge only at the urgent request of the publisher. During our connection with the Journal we have endeavored to make the HOMŒOPATH the advocate of rational and scientific Homœopathy, and have sought to avoid as much as possible the two extremes, which have been a fruitful source of dissension, and which threatened the success of the heaven-born legacy left us by Hahnemann. Our readers must be the judges how far we have succeeded in this. But our time is at present so much demanded for other duties that none is left to continue our task with that faithfulness and attention which it properly requires; we must assign it, therefore, to other hands, and hope that the AMERICAN HOMŒOPATH under our successor will always continue the true exponent of Homœopathy, such as the fathers bequeathed it unto us, modified only by the scientific progress of the age.

We trust that all our collaborators, who have so kindly aided us for several years in our undertaking, will continue to help sustain the Journal hereafter by their contributions.

In parting with Dr. Blumenthal, the publishers desire to take the opportunity to thank him for his kindly interest and administration,

and also to state that there will be no essential change to announce at present, the same contributing editors, with additions, continuing.

BOOK NOTICES.

DISEASES OF THE NERVOUS SYSTEM. BEING A TREATISE ON SPASMODIC, PARALYTIC, NEURALGIC AND MENTAL AFFECTIONS. By CHARLES PORTER HART, M.D. Bœricke & Tafel, New York.

The book is a valuable contribution to our medical literature, and will prove especially important to the general practitioner, who from his location is deprived of the advantages which a consultation with a specialist affords.

The theory of the author, that every functional derangement, or, we would rather say abnormal function, is a disease, is certainly fully in accord with the latest advances in scientific medicine, and fully justifies the practice of our school, in these affections.

The clinical illustrations so abundantly furnished by the author are well calculated to impress his teachings upon the reader, and to make them very plain. We do not see how any physician who aspires to keep up with all the latest researches in mental and nervous diseases can afford to do without the book.

SLIGHT AILMENTS. THEIR NATURE AND TREATMENT. By LIONEL S. BEALE, M. B., F. R. S. P. Blakiston, Son & Co. Philadelphia.

This little volume may be read by every student of medicine or young practitioner with considerable advantage, inasmuch as it contains explanations of the causes of what the

author calls Slight Ailments, which, by the way, are by no means always slight ailments. But the author is evidently of the old foggy school, a school which holds fast to many good old-fashioned views, too much neglected by the would-be wise of the present generation of medical men, but which also cannot abandon absurd prejudices, no matter how glaringly illuminated by the light of modern science and experience.

The chapter on the hygienic and dietetic treatment of constipation we would especially recommend as well worthy the careful reading of all young practitioners. It may prove of great use to them in their general practice. Many diseases have their foundation in a neglected constipation. We cannot, however, endorse medical treatment of the ailment; it is too full of old fogysm. A perusal of the book in leisure hours will furnish the reader with many valuable hints.

LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST FOR 1883. P. Blakiston, Son & Co. Philadelphia.

Of the various physicians' Visiting Lists on our table, there is not one superior to this Record. It combines all a physician can desire in a diary. It is compact, neat, easily carried in the pocket, and has no superfluous matter. Its posological tables, showing the relation which the metric system bears to the present or rather old system of Apothecaries' Weights and Measures, will be very acceptable to many who have not learned the relative values of the two systems.

THE MEDICAL RECORD VISITING LIST FOR PHYSICIANS. WM. WOOD & Co., New York.

Whoever had he arranging of his Visiting List has evidently un-

derstood the wants of the physician when on his daily round of visits. It contains all he needs for recording what is necessary for him to remember, and for finding what he requires in most emergencies, while it is so compact that it can be carried with ease in the breast-pocket of any coat.

A TREATISE ON THE DECLINE OF MANHOOD, ITS CAUSES, AND THE BEST MEANS OF PREVENTING THEIR EFFECTS AND BRINGING ABOUT A RESTORATION TO HEALTH. By A. E. SMALL, A.M., M. D. President of Hahnemann College and Hospital. Duncan Brothers, Chicago.

This little treatise deals with a morbid condition of the human system, too prevalent in every part of our country. Almost every physician, even if only a few years in practice, must have met with some cases that have caused him considerable trouble.

To all who have occasion to treat such cases, we would advise the purchase of the little volume. They will find the money well spent.

CATALOGUE, PRICE CURRENT, AND DIRECTORY OF HOMOEOPATHIC PHYSICIANS IN NEW ENGLAND. By OTIS CLAPP & SON, Boston.

This is a model Catalogue, artistically got up and illustrated. It furnishes a physician with a description and the price of almost every article he can possibly need in the practice of his profession.

DISEASES OF THE RECTUM. By WILLIAM ALLINGHAM, M. D., F. R. S., P. Blackiston, Son & Co., Philadelphia.

The thanks of the general practitioner are due to the publishers for placing a work like Allingham's in his hands at so reasonable a price as seventy-five cents. The diseases upon which it treats present themselves frequently to every physician, and to

have a treatise at hand, which describes the diseases and their treatment, in so brief and lucid language as this author does, is of great advantage. We have more elaborate works on these diseases but none of more practical use than this little book, when the physician is suddenly called upon to give relief to patients suffering from some disease of the rectum.

DISEASES OF CHILDREN. BY WM. HENRY DAY, M. D., Presley Blackiston, Philadelphia.

This work, as the author tells us, is "the outcome of private and hospital practise," but from its internal evidence "and compilation" ought to have been added. It contains some new ideas and much information, but also some absurdities and statements which prove the author somewhat behind the times in his therapeutics. We quote from page 238. Speaking of hydatids of the liver he says, under the head of CAUSES. "The adult *tænia echinococcus* inhabits the intestines of the dog: the ova are voided in the fæces of the animal, and being swallowed with the food and drink, find their way to the liver, lung, and some other organs, and there become encysted"!!

He does not explain, however, how that causes hydatids in the liver of the child, who certainly does not swallow the excrements of the dog.

Again, when speaking of whooping cough, he tells us that it is more rebellious than other diseases, and that there is no specific for its treatment, or in other words, as he tells us further on, that we must experiment with a number of remedies in order to find the individual one suitable to the case. But we have found that when we can obtain a reliable extract of the *trifolium pratense*, we have a remedy that will cure nine

cases out of every ten. We might cite a number of other passages which satisfy us that much of the book is a compilation, and that only a small portion of the treatment which it recommends is the result of the author's personal clinical experience. But as a book of reference, to ascertain what were the opinions of different writers at different times, it will be of advantage to consult.

PHARMACOPŒIA OF THE UNITED STATES. By authority of the National Convention for Revising the Pharmacopœia. Wm. Wood & Co., New York.

This is the first of a series of books which will prove very valuable to all medical men, but particularly to country physicians and druggists, to whom it furnishes formulæ for almost all pharmaceutical preparations. The tables, which are added, indicating the changes made in the names of medicines, as well as those giving the weights and measures, are by no means the least valuable part of the volume. If the companion to this book, as well as the Therapeutic Handbook, written with reference to this Pharmacopœia, which the publishers promise to offer very soon to the consideration of the profession, are as perfect as this work, they will be a very welcome addition to our medical literature.

A HANDBOOK OF HOMŒOPATHIC PRACTICE. By GEORGE M. OCKFORD, M.D. Duncan Brothers, Chicago.

This compilation, like many others of its kind, may be useful for a hasty consultation, particularly to the younger practitioners of our school, and to lay practitioners who have obtained a smattering of our practice. Its table of contents and well as

ranged index enhance the value of the book, and increase its usefulness.

HELPS TO HEAR. By JAMES A. CAMPBELL, M.D. Duncan Brothers, Chicago.

Professor Campbell has done a good work in publishing his hints in aid of the afflicted whose sense of hearing is either threatened or impaired. It may furnish the practitioner with valuable ideas in order to give good advice to his patients. It is pre-eminently a book which the medical adviser can with advantage recommend to the lay reader, and earn thereby his gratitude.

JOURNAL OF CUTANEOUS AND VENEREAL DISEASES. Edited by HENRY G. PIFFARD, A. M., M. D., and PRENER A. MORROW, A.M., M.D. Wm. Wood & Co., New York.

We have received the first number of this new journal, and hail it as a valuable addition to our periodical medical literature. It is needed. The authors' names are a guarantee that only sterling and reliable matter will be furnished to their readers. Type and paper are excellent.

A TREATISE OF THE PRACTICE OF MEDICINE, FOR THE USE OF STUDENTS AND PRACTITIONERS. By ROBERTS BARTHOLOW, M. A., M. D., LL.D. D. Appleton & Co., New York.

Whoever wishes to become thoroughly acquainted with the practice of the old school of medicine, pure and unmixed with the results of advanced ideas, will have an opportunity, and can be fully satisfied by reading this work from beginning to end. There is nothing new in its therapeutics, but it gives a complete rehash of the treatment gathered from many works of a similar character,

and not always in the most terse language. As a book of reference, for a description of the diseases for which it treats, it will be of use; but it is too far behind the times for any one to be benefited by the treatment which it advises.

A TEXT BOOK OF MATERIA MEDICA. By A. C. COWPERTHWAIT, M.D., PH.D. Second edition, revised and enlarged. Duncan Brothers, Chicago.

We have already called the attention of our readers to the merits of Cowperthwaite's *Materia Medica*, when the first edition was laid on our table. The superior value of the book has commanded the appreciation of the profession, manifested by the quick sale of the whole edition.

The second edition, now before us, bears evidence that the author is not satisfied to rest on his laurels. With great care he has revised his description of the properties and characteristics of the more important remedies, and he has made it more easy to the practitioner to select rapidly the appropriate remedy, by his plan of using italics for the characteristic symptoms peculiar to each drug.

We do not know of any work on our *Materia Medica*, in its present stage, of more practical value to the homœopath, or to *any* physician desiring to learn how we select our remedies.

HOMŒOPATHIC MEDICAL SOCIETY OF N. Y. COUNTY.

Regular Meeting occurred October 11th, 1882. Vice-President Dr. Doughty presiding.

Dr. Deschere proposed for membership Dr. S. E. Gilbert, 401 West 21st street, New York. Seconded by Dr. Butler.

Dr. Geo. S. Norton then read a paper on "The Use of 'Osmium' for Glaucoma."

Dr. Butler presented "A Report of Three Cases of Stricture of the Urethra cured by Electrolysis after all other methods had failed."

Dr. Doughty said in regard to the use of Electrolysis in the treatment of stricture he believed it a subject deserving great attention. Dr. Van Buren speaks of having tried Electrolysis in treating strictures, and decided it was of no avail. But when cases which have been submitted to every other kind of treatment and by the most competent men, are simply relieved for a time, and these cases are finally cured by Electrolysis, we are forced to the conclusion that it is a successful means of cure. And where it has been used without effect it must have been improperly applied.

In the first case the Doctor speaks of, the urethra was almost cartilaginous, and felt like a mass of indurated tissue. I cut into it freely and kept it open, but all of no avail. As long as the patient used instruments the canal would remain open, but when they were neglected the constriction would come back as bad as ever.

The third case the Dr. speaks of was a very bad one in another way, being complicated with a fistula. In this case I tried to pass a filiform guide with no success. Whether the division of the meatus and treatment of the anterior stricture had any effect on the deep stricture he did not know, but was inclined to believe it had, because a stricture in the anterior portion of the canal may cause a spasmodic stricture or increased constriction at a deep stricture. Dr. Doughty advocated most heartily the use of electrolysis the success of which speaks volumes. It opens a very extensive field and offers

an infinite amount of relief to suffering humanity.

Dr. Butler in reply to a question how to use electrolysis, said he had written and said so much on the subject during the past he thought it unnecessary. But would go over it again.

If a stricture is soft and recent, he treated by what is called the absorbent method, known some fifteen years ago and brought out by Mala of Paris, simply applying an electrode with a mild current of about 3-100 of a Vrebre, for a few moments. Using an instrument which would completely engage the stricture until it would pass easily and then using the next size. Absorption will go on for from six to ten days, when the operation is repeated.

If it is an old and hard fibrous stricture it cannot be absorbed. We know that the galvanic current will coagulate albumen and destroy living tissue. A current of the strength of rooth of a Vrebre, passing for one minute will coagulate 1397 of a grain of albumen. When a stricture is divided with a knife the edges come together and heal and there is a cicatrix in addition to the stricture. An electrode with a protruding blade on one side capable of being the terminus of the negative pole of the battery, is used. The blade is passed beyond the stricture and protruded to be in contact with it. The current is then passed and the electrode cuts its way through leaving a slight eschar, which drops off in from six to ten days. The edges of this track cannot come together. If the positive pole of the battery is used the cicatrix will contract. But not so with the negative. Dr. Butler's attention was called by an article in a German paper, about two years ago, to the fact that after the cutting of the meatus of the urethra there was

always more or less dribbling of urine. And he thought it advisable not to cut more than was absolutely necessary.

Dr. Doughty asked what success Dr. Butler had with strictures occurring in the first inch of the urethra where there is an induration following the cicatrization of a chancre producing stricture. He had found this class of strictures most rebellious, and only by the most persistent dilatation at regular intervals for years could they be kept open.

Dr. Butler said his experience was that strictures in the anterior portion were twice as liable to recontract than those in the membranous portion of the urethra. He had some cases he had cured which were of from seven to eleven years' standing, without returning.

HEADACHES IN CHILDREN.—Dr. Day read a paper on this subject before a recent meeting of the Harveian Society (*London Concert*). He alluded to the two great causes of headache, from a pathological point of view, viz.: cerebral anæmia and cerebral hyperæmia. He said that habitual headaches in children indicate an irritable and exhausted brain, and if intellectual exertion be carried on too far in such cases, mischief is soon likely to ensue. If intellectual exertion be carried on beyond a certain point, the brain becomes anæmic, fatigued, and the nutrition in the ganglion cells of the cortex becomes impaired, diseased, or in some way altered from health. The author referred to neuralgia, or one-sided headache, which he said was more common in children than was generally supposed. He had known headache in connection with chorea and dental caries. Dr. Cheadle considered foul air and gas were the chief

causes of study-headache; he referred to headaches in rickety children. This occurred just after the skull closed, was continuous, but gradually subsided. Dr. Mackenzie particularly insisted on the importance of careful examination of the eyes in case of headache of children. Muscular asthenopia was a cause of headache which was sometimes mistaken for serious organic disease. He mentioned the case of a schoolboy brought to him under this supposition, but myopia was found and corrected, and the headache disappeared. The same thing occasionally occurred with hypermetropia. Next he pointed out that ear disease was sometimes the cause of headache; which is important as significant of commencing meningeal or cerebral inflammation. In all cases, therefore, of headache in children, it is very important to examine the ear and the eye, using the ophthalmoscope, which will be of great value in detecting organic disease. He remarked that pain in the head, a valuable sign of tumor of the brain, was no certain indication of localization of the tumor, unless there was corresponding pain on percussion. The president, in conclusion, said that headache, though not a common symptom in children, was one of import, and frequently indicated advanced diseases.—*Practitioner*.

HASUER OF PRAGUE.—Let me devote a little space to Hasuer, the oculist. His name is familiar only to the students of ophthalmological literature, at home, and yet I suppose he is the most expert and rapid operator, perhaps, of the present century. May 16th is the day allotted in the calendar to St. John Nepomuck, the patron saint of Bohemia. On this

day the halt, the maim, and the blind come in from the surrounding country for treatment. Among this motley crowd are a great many cataract cases, and on one of these occasions, having his patients all made ready, Hasuer is known to have operated on twenty-three eyes in one hour. I have seen him several times, and can testify to the wonderful rapidity and certainty of his movements. I saw him one day remove two cataracts from different patients in different rooms, and also operate on both sides for strabismus, within six minutes. Of course no anæsthetic was used, and all the dressing was left to the assistants. Hasuer has his own method of extracting cataract. He uses a Beers knife, makes an incision closely corresponding to the Græfe cut, and then, instead of an iridectomy, he performs an iridotomy. Most of his results are wonderfully good. Surely the method is deserving a trial on your side of the ocean. —*Roswell Park in Chicago Medical Journal and Express.*

NOTES AND ITEMS.

Our friend and contributor, Mrs. M. A. Bostwick Mount, M.D., has returned from her European tour.

The sudden death of that eminent teacher of gynecology, Prof. Hildebrandt of Königsberg, is announced.

The Homœopathic Medical Congress met at Edinburgh in September. Drs. Ludlam and Biggar were present.

A new cooking substitute for lard, called commercially, Olive Butter, is now obtainable. It claims great superiority in the matter of digestive qualities.

The soluble beef preparation of Messrs. Scott & Bowne contains the actual constituents of the meat itself and should prove highly valuable in dyspepsia and other gastric affections.

The December number of the *North American Review* contains a symposium on the Health of American Women, by Dr. James R. Chadwick, Mrs. Elizabeth Cady Stanton and Dr. Dio. Lewis.

Laxative Essence of Senna is a new and efficient concentrated preparation by the well known house of Caswell, Massey & Co. It is mild in its action and free from any nauseating or griping effects, and is especially adapted, in small doses, for women and children.

It is authentically stated that 5 grains of Extractum Pancreatis, made by Fairchild Bros. and Foster, will produce more effect upon starch or milk than ONE OUNCE of saccharated Pancreatine or any mixture said to contain Pancreatine, under the same condition —*Exchange.*

Nothing that can be said in favor of that excellent article of invalid diet, Beef Peptones, can equal the satisfaction obtainable from an actual trial of its merits. The manufacturers, Messrs. Reed & Carnrick, N. Y., will send *free of charge* a sample sufficient for a thorough test.

The London *Lancet* argues that nervous diseases and weaknesses increase as people come to live on the flesh of warm-blooded animals, the fact being that meat is highly stimulating, and supplies proportionally more exciting than actually nourishing pabulum to the nervous system.

Three faces wears the Doctor: when first sought,

An angel's; and a God's, the cure half wrought;

But when, that cure complete, he seeks his fee,

The Devil looks less terrible than he."

We take pleasure in calling the attention of the Profession to that important remedial agent, *Lactopeptine*, so highly recommended by many leading physicians. Composed as it is of sugar of milk, pepsin, pancreatine and other digestive fluids, we see no reason why it should not be extremely useful in all cases where indicated. —*Medical and Surgical Journal.*

The story of a noted laryngologist, who, on examining a girl with a relaxed uvula and mucous membrane of the throat, concluded that the cause of the difficulty was some uterine trouble, and advised her to place herself under the care of her family physician. Her reply was: "Doctor, if I had known that you could see all the way down, I should not have come to you."

